

BROWN, GRAHAM & COMPANY

PROFESSIONAL CORPORATION CERTIFIED PUBLIC ACCOUNTANTS

7431 Continental Parkway • Amarillo, Texas 79119 P.O. Box 20210 • Amarillo, Texas 79114 806-355-8241 • FAX 806-355-6415

November 14, 2022

Williamson County Crisis Center 1011 Gattis School Road 110 Round Rock, TX 78664

Williamson County Crisis Center:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Shannon M Andre

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)

▶ 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 71 **^** Ĺ 1 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs
A For the 2021 calend	ar vear, or tax vear beginning

Α	For th	e 2021 calendar year, or tax year beginning and end	ding		
B	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre	WILLIAMSON COUNTY CRISIS CENTER			
	Name			74-22771	14
	Initial returr		om/suite	E Telephone number	
	Final returr	1011 GATTIS SCHOOL ROAD 11	.0	512-255-3	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,523,225.
	Amer			H(a) Is this a group re	
	Appli tion pendi			for subordinates	
		1011 GATTIS SCHOOL ROAD, ROOND ROCK, TX		H(b) Are all subordinates in	cluded? Yes No
		empt status: \mathbf{X} 501(c)(3) 5 501(c) () 4 (insert no.) 4 4947(a)(1) or	527		list. See instructions
		te: HOPEALLIANCETX.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year o	of formation: 1984 N	State of legal domicile: TX
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: HOPE A	ALLLA	NCE ASSISTS	THOSE
Governance		WHOSE LIVES HAVE BEEN AFFECTED BY FAMILY A			
/err	2	Check this box Check this box			sets. 15
ğ	3	Number of voting members of the governing body (Part VI, line 1a)			15
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			60
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			194
Activities &	6	Total number of volunteers (estimate if necessary)			85,615.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		Contributions and grants (Dart)/III line 1b)		2,280,690.	4,403,357.
οnc	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		406.	368.
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,270.	86,838.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,315,366.	4,490,563.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,704,110.	1,839,028.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 212, 265			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		455,116.	610,246.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,159,226.	2,449,274.
		Revenue less expenses. Subtract line 18 from line 12		156,140.	2,041,289.
or			Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,330,366.	4,884,060.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		145,170.	1,657,574.
		Net assets or fund balances. Subtract line 21 from line 20		1,185,196.	3,226,486.
_	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules an			/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	

Sign Here	Signature of officer RICHARD M BROWN, CEO Type or print name and title		Date	
Paid	Print/Type preparer's name SHANNON M ANDRE	Preparer's signature SHANNON M ANDRE	Date Check PTIN 11/14/22 sef-employed P00288382	2
Preparer		COMPANY, P.C.	Firm's EIN ▶ 75-1386677	
Use Only	Firm's address 9009 MOUNTAIN RI AUSTIN, TX 78759		Phone no.512-257-8078	
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2	2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) WILLIAMSON COUNTY CRISIS CENTER 74-2277114 Page 2	2
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	_
	HOPE ALLIANCE ASSISTS THOSE WHOSE LIVES HAVE BEEN AFFECTED BY FAMILY	
	AND SEXUAL VIOLENCE BY PROVIDING SAFETY, SERVICE, AND DEVELOPING	-
	PARTNERSHIPS THAT LEAD TO HOPE, HEALING AND PREVENTION.	-
		-
2	Did the organization undertake any significant program services during the year which were not listed on the	-
_	prior Form 990 or 990-EZ?	,
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$1, 332, 300. including grants of \$) (Revenue \$]	<u>,</u>
4a	(Code:) (Expenses \$1,332,300 · including grants of \$) (Revenue \$))
	ADVOCACY TO VICTIMS OF FAMILY VIOLENCE AND RELATED COMMUNITY EDUCATION.	
	IN 2021, HOPE ALLIANCE SERVED 765 ADULTS AND 321 CHILDREN. OF THOSE,	
	949 CLIENTS PRESENTED WITH A DOMESTIC VIOLENCE VICTIMIZATION. A TOTAL	
	OF 20,945 SERVICES WERE PROVIDED AND 3,178 HOTLINE CALLS WERE TAKEN.	_
	ADDITIONALLY, 426 WEBSITE CHATS WERE ALSO TAKEN. 6,344 SHELTERED NIGHTS	
	OF SAFETY WERE PROVIDED TO 196 CLIENTS.	
4b	(Code:) (Expenses \$ 515, 325 • including grants of \$) (Revenue \$))
	SEXUAL ASSAULT PROGRAM PROVIDES EMERGENCY SHELTER, COUNSELING, HOSPITAL	
	AND COURT ACCOMPANIMENT AND SUPPORT GROUPS TO VICTIMS OF SEXUAL	
	ASSAULT, AND RELATED COMMUNITY EDUCATION. IN 2021, HOPE ALLIANCE SERVED	
	585 CLIENTS WITH A SEXUAL ASSAULT VICTIMIZATION. THE TOTAL NUMBER OF	
	ACCOMPANIMENTS FOR SEXUAL ASSAULT NURSING EXAMINATIONS WAS 131, AND THE	
	TOTAL NUMBER OF COURT ACCOMPANIMENTS WAS 57.	
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		-
		-
		-
		-
4d	Other program services (Describe on Schedule O.)	-
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 1,847,625.	-

Form	990	(2021)

Form 990 (2021) WILLIAMSON COUNTY CRISIS CENTER
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		_X
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	-		
U	similar amounts as defined in Rev. Proc. 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	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 21
7	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	'		
U	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		X
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	IId		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
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
	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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Ă
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
		~ 1		

	Form 990 (2			WILLIAMSON	
ĺ	Part IV	Ch	ecklist c	of Required Schedul	es (continued)

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
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%	26		x
97	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
27	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 the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
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		x
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," 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		Х
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
35 a	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 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			
	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 on Schedule O for Part VI, lines 11b and 19?		v	1
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Fal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0 if not applicable 1a	-		
b				
с	(gambling) winnings to prize winners?	1c	х	
				<u> </u>

Form 990	(2021)	WILLIAMSON	COUNTY	CRISIS	CENTER
Part V	Stater	ments Regarding Other II	RS Filings	and Tax Co	ompliance (continued)

га				
•			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 6 0			
h	filed for the calendar year ending with or within the year covered by this return 2a 6U If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		X
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).		37	
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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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 the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O	14b		
	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		x
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021

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

X

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

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	1a	1	.5			
	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 on line 1a, above, who are independent	1b]1	.5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other				
	officer, director, trustee, or key employee?			. 🖵	2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direo	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person? \ldots				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X X
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?						
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			. 🖵	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			. 17	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			37	
а	The governing body?			· –	Ba	X	
b	Each committee with authority to act on behalf of the governing body?			. [8	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						37
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal H	Revenue	e Code.)			V.	
100	Did the exception have least chanters, hrenches, or effiliates?			L.	0a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			·⊢	Ua		- 23
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			4	0ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			· –	1a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay bore		E F	14		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			. –			
	on Schedule O how this was done			1	2c	х	
13	Did the organization have a written whistleblower policy?			Ē	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 approv	val by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official			. 1	5a	Х	
b	Other officers or key employees of the organization			. 1	5b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				37
	taxable entity during the year?			. 1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's				
<u> </u>	exempt status with respect to such arrangements?			. 1	6b		
<u>3ec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and QQ)-T (section 501/c	(3) 6 /	- nlv	avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	unu 330		0/3 (Juny)	availe	
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	and t	finan	cial	
	statements available to the public during the tax year.		ponoy,	2.10			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records 🕨				
	RICHARD M BROWN, ED.D 512-255-1212						
	1011 GATTIS SCHOOL RD STE 110, ROUND ROCK, TX 78	664					

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Em	ployees, and	l Independe	ent Contra	ctors			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>)///us		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ь	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former			
(1) RICHARD M BROWN	40.00									
CEO						Х		112,337.	0.	11,414.
(2) CHARLES PITTMAN	0.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) RENEE PETSCHE	0.00									
PAST PRESIDENT		Х		х				0.	0.	0.
(4) SALLY VOLLING	0.00									
TREASURER		X		х				0.	0.	0.
(5) VIRGINIA GEN	0.00							_		_
SECRETARY		Х		х				0.	0.	0.
(6) JOANNA DAVIS	0.00							_		_
BOARD MEMBER		х						0.	0.	0.
(7) SANDY SARGENT	0.00									_
BOARD MEMBER		X						0.	0.	0.
(8) ANDREW NORRIS	0.00									_
BOARD MEMBER		X						0.	0.	0.
(9) VALERIE FRANCOIS	0.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DIANE BENNETT	0.00									•
BOARD MEMBER		Х						0.	0.	0.
(11) JANET VITO	0.00									•
BOARD MEMBER		X						0.	0.	0.
(12) DONNA MILLER	0.00									•
BOARD MEMBER	0.00	X						0.	0.	0.
(13) SHAWN DICK	0.00									0
BOARD MEMBER	0.00	X						0.	0.	0.
(14) ESTELLA COLMENERO	0.00							0		0
BOARD MEMBER	0.00	X						0.	0.	0.
(15) JASON WILLIAMS	0.00							0		0
BOARD MEMBER	0.00	X	<u> </u>		<u> </u>	<u> </u>	 	0.	0.	0.
(16) CAROL RABAGO	0.00							_	_	<u>^</u>
BOARD MEMBER		X					<u> </u>	0.	0.	0.

	990 (2021) WILLIAMSC	N COUNT	ΓY	CF	RIS	SIS	5 (CEI	NTER	74-22	277	114	P	'age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	age Position (do not check more than one box, unless person is both an officer and a director/trustee)			h an	(D) Reportable compensation from	(E) Reportable compensation from related		other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	izations compensation 99-MISC/ from the			
											-			
	Subtotal								112,337.		0.	1	1,4	14.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.	1	1.4	0.
2	Total number of individuals (including but no									,000 of reportabl	-		_ / _	
	compensation from the organization													1
~			1								I		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>							-				3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	ompe	ensa	ation	n and	d otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a									idual for services		•		
	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J f	or sı	ich	pers	son .					5		X
1	Complete this table for your five highest cor	npensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100.000 of com	pens	ation 1	rom	
	the organization. Report compensation for t	-									1			
	(A) Name and business) ompe		n						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot li	mite	d to		se lis)	sted	d above) who received n	nore than				

Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(5)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	e f h 2 a b	Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e 2, All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$	184,201. 219,156. 24,029. ■ Business Code	4,403,357.			
ven S Ven	с						
gra Re	d						
Pro	e f	All other program service revenue					
	, , , , , , , , , , , , , , , , , , ,	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter other similar amounts)	est, and	368.	368.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	6a b	Gross rents	(ii) Personal				
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis 7a	(ii) Other				
nue		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
er R		Net gain or (loss)	🕨				
Othe			118,277.				
		Less: direct expenses 8b	,	85,615.		85,615.	
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		05,015.		05,015.	
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10t	1				
	С	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		MISC INCOME	Business Code 541900	1,223.	1,223.		
ella. ver	b c						
Rec		All other revenue					
Σ		Total. Add lines 11a-11d		1,223.			
		Total revenue. See instructions		4,490,563.	1.591.	85,615.	0.

Form 990 (2021)

74-2277114 Page 9

Part IX Statement of Functional Expenses

WILLIAMSON COUNTY CRISIS CENTER

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	112,333.	84,170.	18,188.	9,975
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 425 205		222.200	107 407
7	Other salaries and wages	1,435,285.	1,075,410.	232,388.	127,487
8	Pension plan accruals and contributions (include	36,666.	27 172	5,937.	3,257
~	section 401(k) and 403(b) employer contributions)	117,168.	27,472. 87,790.	18,971.	10,407
9	Other employee benefits	137,576.	103,081.	22,275.	12,220
10	Payroll taxes Fees for services (nonemployees):	137,370.	105,001.	22,273.	12,220
11 a	Management				
b	Legal				
с С	Accounting	15,421.	11,554.	2,497.	1,370
d	Lobbying				_,
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	21,026.	15,754.	3,404.	1,868
13	Office expenses	16,884.	12,650.	2,734.	1,500
4	Information technology	19,983.	14,973.	3,235.	1,775
15	Royalties				
16	Occupancy	106,405.	79,726.	17,228.	9,451
17	Travel	2,668.	1,999.	432.	237
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10 521	14 624	2 1 6 2	1 775
20		19,531.	14,634.	3,162.	1,735
21	Payments to affiliates	67,318.	62,905.	3,720.	693
22	Depreciation, depletion, and amortization	32,483.	24,339.	5,259.	2,885
23 24	Insurance Other expenses, Itemize expenses not covered	52,405.	24,555	5,255.	2,005
24	above. (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CLIENT SERVICES	113,205.	84,821.	18,329.	10,055
b	OTHER EXPENSE	39,805.	29,824.	6,445.	3,536
c	REPAIRS & MAINTENANCE	32,142.	24,083.	5,204.	2,855
d	EMPLOYEE & VOLUNTEER RE	28,281.	21,190.	4,579.	2,512
e	All other expenses	95,094.	71,250.	15,397.	8,447
25	Total functional expenses. Add lines 1 through 24e	2,449,274.	1,847,625.	389,384.	212,265
26	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 Figure if following SOP 98-2 (ASC 958-720)				

WILLIAMSON	COUNTY	CRISIS	CENTER
------------	--------	--------	--------

74-2277114 Page 11

		Dalance Oneet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			169,101.	1	773,161.
	2	Savings and temporary cash investments			150,085.	2	150,031.
	3	Pledges and grants receivable, net			277,770.	3 4	1,071,267.
	4		receivable, net				
	5	Loans and other receivables from any current of	r formei	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
SSG	8	Inventories for sale or use				8	10 100
٩	9	Prepaid expenses and deferred charges			27,780.	9	10,103.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,560,565.			0 000 400
	b	Less: accumulated depreciation	10b	681,067.	705,630.	10c	2,879,498.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1 220 266	15	4 004 000
	16	Total assets. Add lines 1 through 15 (must equ			1,330,366.	16	4,884,060.
	17	Accounts payable and accrued expenses	102,309.	17	156,163.		
	18	Grants payable		10 012	18		
	19	Deferred revenue			28,823.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			14,038.	22	
_	23	Secured mortgages and notes payable to unrela			14,030.	23	1,501,411.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X		05	
		of Schedule D			145,170.	25 26	1,657,574.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		• • X	145,170.	20	1,037,3740
es			CK Her				
anc	07	and complete lines 27, 28, 32, and 33.			935,386.	27	2,362,500.
3ala	27 28				249,810.	27	863,986.
Β	20	Net assets with donor restrictions			249,010.	20	003,500.
Fur		Organizations that do not follow FASB ASC 9	50, Che				
P	20	and complete lines 29 through 33.				29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30	
Ass	30 31					30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1,185,196.	31	3,226,486.
Z	32 33	Total net assets or fund balances			1,330,366.	32 33	4,884,060.
	55	TOTAL MADINITIES AND HEL ASSELS/10110 DAIANCES			1,330,300.	33	Eorm 990 (2021)

Form **990** (2021)

1) Part X | Balance Sheet

Form	990	(202)
	000	102

Form	990 (2021) WILLIAMSON COUNTY CRISIS CENTER	74-22	77114	Pag	ge 12
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	4,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,44		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,04		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,18	5,1	96.
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	3,22	6,4	85.
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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 the	e 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 Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	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 requ	ired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	L

Form **990** (2021)

SCHEDULE A	١
------------	---

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of the	organization	

Nan	lame of the organization Employer identification number										
_		_			NTY CRISIS C					4-2277114	
Ра	rt I		Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	orga	niza	ation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		J A	church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).			
2		 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 									
3		A	hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A	medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:									
5		A	n organization operated fo	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	unit descrik	bed in	
		-	section 170(b)(1)(A)(iv). (C								
6			federal, state, or local gov								
7	Χ	A	n organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		s	ection 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A	community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)					
9		A	n agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college	
		0	r university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or	
		_ u	niversity:								
10		A	n organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, a	nd gross receipts from	
		а	ctivities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment	
		ir	ncome and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.	
		ູ ຣ	ee section 509(a)(2). (Cor	mplete Part III.)							
11		A	n organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	9(a)(4).			
12		A	n organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ns of, or to c	arry out the	e purposes of one or	
		n	nore publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section \$	509(a)(2).	See section (5 09(a)(3). (Check the box on	
	_	liı	nes 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а			Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving	
			the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting	
	_	_	organization. You must c	omplete Part IV, Se	ections A and B.						
b			Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving	
			control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
	_	_	organization(s). You mus	t complete Part IV,	Sections A and C.						
С			Type III functionally inte	grated. A supporting	g organization operated	in connec [.]	tion with, a	and functiona	lly integrate	ed with,	
	_	_	its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ctions A,	D, and E.			
d			Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
			that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness	
	_		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е			Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III		
			functionally integrated, or	Type III non-functio	nally integrated supporti	ing organiz	zation.				
			the number of supported of	•							
g	Pro		e the following information			(iv) is the oroa	nization listed				
		(I) I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)	
			organization		above (see instructions))	Yes	No				
Tate											

Schedule A (Form 990) 2021 Part II Support Sch

WILLIAMSON COUNTY CRISIS CENTER

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

fails to qualify under the tests listed below, please complete Part III.)

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1,543,411.	2,080,970.	1,756,577.	2,280,690.	4,403,357.	12,065,005.			
2	Tax revenues levied for the organ-									
	ization'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									
4	Total. Add lines 1 through 3	1,543,411.	2,080,970.	1,756,577.	2,280,690.	4,403,357.	12,065,005.			
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)									
6	Public support. Subtract line 5 from line 4.						12,065,005.			
	ction B. Total Support						12,003,003.			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
		1,543,411.	2,080,970.	1,756,577.	2,280,690.	4,403,357.	12,065,005.			
	Amounts from line 4	1,545,411.	2,000,570.	1,730,377.	2,200,090.	±,±05,557.	12,005,005.			
ð	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	249.	135.	64.	406.	368.	1,222.			
	and income from similar sources	249.	133.	04.	400.	500.	1,222.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						12,066,227.			
12	, I ,	,	,			12				
13	First 5 years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)				
_	organization, check this box and stor		-				>			
-	ction C. Computation of Publ									
	Public support percentage for 2021 (14	99.99 %			
	Public support percentage from 2020					15	99.99 %			
16 a	33 1/3% support test - 2021. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2020. If the o									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟			
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organization	ation			
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pul	blicly supported o	rganization		▶□			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not ch	neck a box on line	13, 16a, 16b, or ⁻	17a, and line 15 is [.]	10% or			
	more, and if the organization meets the	ne facts-and-circun	nstances test, chec	k this box and sto	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	lifies as a publicly	supported organ	ization				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	ind see instructions	s >			

Schedule A (Form 990) 2021

WILLIAMSON COUNTY CRISIS CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (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 per- formed, or facilities furnished 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
	Amounts from line 6	(-)	(-)	(-/	(-,	(-/	()
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
14	First 5 years. If the Form 990 is for the	organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) oro	anization.
		•					
Sec	tion C. Computation of Public						
	Public support percentage for 2021 (lir			column (f))		15	%
	Public support percentage from 2020 \$					16	%
	tion D. Computation of Invest						/0
17						17	%
18						18	%
	33 1/3% support tests - 2021. If the c			on line 14 and lin			
190	more than 33 1/3%, check this box an	-					
F							►∟
C)	33 1/3% support tests - 2020. If the c						
~	line 18 is not more than 33 1/3%, chec			•	. ,	•	
20	Private foundation. If the organization	uid not check a	box on line 14, 19	a, or 190, check t	nis box and see in	structions	<u></u>

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

- 1 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 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 box 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?
- 6 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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		
	3c		
4	1a		
4	1b		
	1c		
	ōa		
	5b 5c		
_	6		
	7		
	8		
	9a		
	Эb		
	Эc		
1	0a		
1	0b		

Schedule A (Form 990) 2021 WILLIAMSON COUNTY CRISIS CENTER Part IV Supporting Organizations (continued)

2

			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			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			
	Doubly how one visiting a vehicle or the summary of the			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 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
 1
 1
 1

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described on 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			
	supported organizations played in this regard	2		

Section 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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** L The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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 these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Support			14-221114 Page
1 Check here if the organization satisfied the Integral Part Test as a qualif			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	-		, -
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
ection 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		
emergency temporary reduction (see instructions).	-		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

WILLIAMSON COUNTY CRISIS CENTER

	Schedule A (Form 990) 2021 WILLIAMSON COUNTY CRISIS CENTER 74-2277114 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Page 7								
		(a)(3) Supporting Orga	anizations (continu	ued)	r				
Sect	on D - Distributions				Current Year				
_1	Amounts paid to supported organizations to accomplish exe			1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	าร	3						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	9						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
	From 2018								
	From 2019								
	From 2020								
-	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
•	line 7: \$								
а	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
-	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
•	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, <i>explain in</i> Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
Ŭ	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
'	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
-	Excess from 2018								
-	Excess from 2019								
	Excess from 2020								
-	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A	(Form 990)	2021
Ochedule A	1 0111 330	12021

Part VI	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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

74-	227	7114

WILLI	AMSON	COUNTY	CRISIS	CENTER	
Organization type (check one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

WILLIAMSON COUNTY CRISIS CENTER

Name of organization

74 - 2277114

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST. DAVID'S FOUNDATION 1303 SAN ANTONIO ST STE 500 AUSTIN, TX 78701	\$ <u>525,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLES & JOANNE PITTMAN 135 ESCALEARA PARKWAY GEORGETOWN, TX 78628	\$ <u>152,962.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RENEE PETSCHE 45 MEANDERING WAY ROUND ROCK, TX 78664	\$ <u>185,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GREATER ROUND ROCK COMMUNITY FOUNDATION 206 EAST MAIN ROUND ROCK, TX 78664	\$ <u>425,799</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NELSON FAMILY LIFE FOUNDATION PO BOX 590 WISCONSIN DELLS, WI 53965	\$ <u>125,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SHAWN DICK 405 MLK ST GEORGETOWN, TX 78626	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

\$	(Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Schedule B (Form 990) (2021)

7 (a) No. 8	US DEPARTMENT OF TREASURY - PASSED THROUGH WILLIAMSON COUNTY 710 MAIN ST GEORGETOWN, TX 78626 (b) Name, address, and ZIP + 4 US DEPARTMENT OF JUSTICE - PASSED THROUGH TEXAS OFFICE OF THE GOVERNER 1100 SAN JACINTO BLVD AUSTIN, TX 78701	\$	(c) Total contributions	Person X Payroll
(a)	(b)		(c)	(d)
<u>9</u>	Name, address, and ZIP + 4 US DEPARTMENT OF HEALTH & HUMAN SERVICES - PASSED THROUGH TEXAS HHS CO PO BOX 13247 AUSTIN, TX 78711	\$_	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10	US DEPARTMENT OF HEALTH & HUMAN SERVICES - PASSED THROUGH OAG PO BOX 12548 AUSTIN, TX 78711	\$_	96,864.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	· · · ·	\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

74-2277114

(d)

Type of contribution

(c)

Total contributions

Name of organization

WILLIAMSON COUNTY CRISIS CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II N	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _\$	

74-2277114

Employer identification number

Schedule	B (Form 990) (2021)		Pag			
Name of o	organization		Employer identification number			
WILLI	AMSON COUNTY CRISIS CEN	TER	74-2277114			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (a) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y ry. For organizations ess for the year. (Enter this info.once.) \$			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	- I.			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	I			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

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



Name of the organization

WILLIAMSON COUNTY CRISIS CENTER

Employer identification number 74-2277114

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during the grant from (during thegran	Pa			Accounts.Complete if the		
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of antist from (during year) 4 Aggregate value of antist from (during year) 3 Aggregate value of antist from (during year) 4 Aggregate value of antist from (during year) 3 Aggregate value of antist from (during year) 4 Aggregate value of antist from (during year) 4 Aggregate value of antist from (during year) 9 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization exclusive legal control? P Art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. P Protection of natural habitat P Protection of natural habitat Protection of conservation easements is conservation easements. 6 Aumber of conservation easements on a certified historic structure 1 Automer of conservation easements on a certified historic structure included in (a) 2 Advisor of states where property subject to conservation easements is located > 2 Number of conservation easements on a certified historic structure included in (a) 2 Automer of conservation easements on a certified historic structure included in (b) 2 Automer of conservation easements on a certified historic structure included in (a) 3 Number of conservation easements on a certified historic structure included in (b) 3 Complete inte x year. 4 Number of conservation easements on a certified historic structure included in (b) 3 Conservation easements on a certified historic structure included in (b) 4 Number of conservation easements on a certified historic structure included		organization answered "Yes" on Form 990, Part IV, lir				
2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and cloor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or or any other purpose conferring repermised be purposes. And not for the benefit of the donor or any other purpose conferring repermised be purposes and not for the benefit of the donor or any other purpose conferring repermised be purpose. And not for the benefit of the donor or any other purpose conferring repermised benefit? 1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete inter 2 at tworp) for the label. 2 Preservation of and for public use (for example, recreation or education) 2 Preservation of a certified historic structure 3 Preservation assements much apply. 3 Preservation assements in cloced in (a) 4 Number of conservation easements in cloced and reference to an historic structure 4 Dreservation assements in cloced and reference to a structure included in (a) 4 Number of conservation easements in cloced reference to reference to a structure included in (a) 4 Number of conservation easements in cloced reference to reference to any other purpose 4 Number of conservation easements in cloced reference to a structure included in (a) 4 Number of conservation easements in cloced reference to a historic structure 4 Dreservation assements in cloced reference to a historic structure 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Does the organization neared reference to a structure in c			(a) Donor advised funds	(b) Funds and other accounts		
 Aggregate value of grants from (dxing year) Aggregate value at end of year Do the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private barefit? Persevation Easements. Complete if the organization arsweed "Yes" on Form 590, Part IV, line 7. Purpose(s) of conservation easements held by the organization arsweed "Yes" on Form 590, Part IV, line 7. Persevation of and for public use (tor sample, recreation or education) Preservation of a listorically important land area Protection of natural habitat Preservation of a conservation easements held by the organization arsweed "Yes" on Form 590, Part IV, line 7. Purpose(s) of conservation easements is less the futh any part in the organization in the form of a conservation easement in the last area area are the any san. Protection of natural habitat Preservation of a cettified historic structure Preservation of a conservation easements in cultified in (a) acquired after 7/2/5/06, and not on a historic structure Number of conservation easements in cultified historic structure included in (a) Number of conservation easements in holds? Number of conservation easements in holds? Number of states where property subject to conservation easements in holds? Number of expanses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the holds? Does each conservation easements in holds? Does each conservation easements is contery, handling of viola	1					
Aggregate value at end of year Degregate value at end of year Degregate value at end of year Degregatization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and to for the benefit of the donor of or any other purpose conferring mpermissible provate benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' on Fom 980, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete inso 2 at trough 2 of the organization held a qualified conservation contribution in the form of a centervation easement in the last day of the tax year. Total annexes of the same sements to a certified historic structure Deservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ves Number of states where property subject to conservation easements in its coated Number of states where property subject to conservation easements in the day: Number of states where property subject to conservation easements in the day: Number of states where property subject to conservation easements and easements on a description phanding of violations, and enforcing conservation easements with the state is the violation flag state in the National Register Number of states where property subject to conservation easements in the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l)(l) To searvation easements modified, transferred, released, extinguished, or terminated by the organiz	2	Aggregate value of contributions to (during year)				
5 Did the organization inform all denors and donor advisors in writing that the assets held in donor advisor during the organization's property, subject to the organization's exclusive legal control?	3	Aggregate value of grants from (during year)				
are the organization's property, subject to the organization's exclusive legal control? \begin{tabular}{lllllllllllllllllllllllllllllllllll	4					
G Did the organization inform all grantees, donore, and donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit 0 the donor or donor advisor, or for any other purpose conterning	5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Impermissible private benefit? Impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Propose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2a c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located > b Staff and volunteer hours devoled to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 4 Staff and volunteer hours devoled to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 5	6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only		
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply.) Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a not for public use (for example, recreation contribution in the form of a conservation easement on the last day of the tax year. Interview (for example, recreation contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) 2a 2 Dotal arceage restricted by conservation easements 2a 3 Number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure 2d 3 Number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure 2d 4 Number of states where property subject to conservation easements is located >		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cont	ferring		
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area 1 Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area 1 Preservation of open space Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements Zad 2a Zad 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Zad 3 Number of states where property subject to conservation easement is located ▶ Zd 4 Number of states where property subject to conservation easements is located ▶ Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 4 Dese seach conservation easements Lo(d) above satisfy the requirements of section 170(h)(4)(B)(i) and experiment and balance sheet works of art, historical reasures, or other similar Assets. 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing easestaton and						
□ Preservation of land for public use (for example, recreation or education) □ Preservation of an atural habitat □ Preservation of on space 2 Compilete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a 2 Compilete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2a 2b 5 Total acreage restricted by conservation easements 2 2c 6 Number of conservation easements included in (c) acquired after 725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easements is located >> 5 Does the organization have a written policy regarding the periodic montioning, inspection, handling of violations, and enforcing conservation easements during the year * \$ S 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * \$ \$ 9 In devolunteer hours devoted to monitoring,	Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.		
□ Protection of natural habitat □ Preservation 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 conservation easement on the last a Total number of conservation easements 2a b Total accage restricted by conservation easements included in (2) acquired after 7/25/06, and not on a historic structure 2d a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of a distribution in the form of a conservation easements a Total acreage restricted by conservation easements 2a b Total acreage restricted by conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure instead or discover assements included in (c) acquired after 7/25/06, and not on a historic structure instead or discover and conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year J Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year J Number of states where property subject to conservation easements is holds? J Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements in tholds? J Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization is seconting for conservation easements.		Preservation of land for public use (for example, recrea	ation or education)	storically important land area		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last dry of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b \$ S 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Yes No 9 In Part XIII, describe how the organization reports conservation easements. Part III Organization Saturation answerd? Yes? on Form 990, Part IV, line 8. 14 If the organization each, as permitted under FASB ASC 956, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the organization eacements. 16 If the organization each of Form 990, Part VIII, ine 1 § \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Protection of natural habitat	Preservation of a ce	ertified historic structure		
day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Za b Total acreage restricted by conservation easements Zb c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Zc a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Zd a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >		Preservation of open space				
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d isted in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >	2		fied conservation contribution in the form of a			
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		day of the tax year.		Held at the End of the Tax Year		
c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶	а	Total number of conservation easements		_ 2 a		
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	b	Total acreage restricted by conservation easements		_ 2b		
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	с	Number of conservation easements on a certified historic str	ructure included in (a)	_ 2c		
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d					
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		listed in the National Register		_ 2d		
 4 Number of states where property subject to conservation easement is located ▶	3					
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		year				
 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	4	Number of states where property subject to conservation ea	sement is located			
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these item	5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		violations, and enforcement of the conservation easements i	it holds?	Yes 📖 No		
 \$	6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva	ation easements during the year		
 \$						
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year		
 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 		· · · ·				
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	8					
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 		and section 170(h)(4)(B)(ii)?		Yes No		
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$	9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense stat	tement and		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:		balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	_		· · · · · · · · · · · · · · · · · · ·			
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	Pai			r Similar Assets.		
 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 						
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	1a					
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 		of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 						
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	b					
 (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$						
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$						
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$		(i) Revenue included on Form 990, Part VIII, line 1				
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		(ii) Assets included in Form 990, Part X				
a Revenue included on Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	n, provide		
		the following amounts required to be reported under FASB A	ASC 958 relating to these items:			
	а	Revenue included on Form 990, Part VIII, line 1		► \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organization accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): Puble exhibition Check and that apply: Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Provide a description of the organization collection? Yee No 7 Provide a description of the organization accelection? Yee No 8 The organization anagent, furstee, custodian or other intermodiary for contributions or other assets not included on Form 500, Part X, Ine 21, the extrema or output the following table: Yee No 6 Beginning balance Int Int Int Int 6 Deb torganization include an amount on Form 990, Part X, Ine 21, the resons or custodial account liability? Yee No 9 Bett regularities accelection? Int Int Int Int 16 Coll or organization include an amount on Form 990, Part X, Ine 21, the resons or custodial account liab	_		SON COUNTY				- Othou				Page 2
collection terms (check all that apply): Collection terms (check all that apply): Scholarly research Other Provide a coscipation of future generations Other Provide a coscipation of the organization solucitors and explain how they further the organization's exempt purpose in Part XIII. Provide a coscipation of the organization collections and explain how they further the organization assests Vec No Part IV Escrow and Cutstodial Arrangements. Complete if the organization answered "Yee" on Form 990, Part IV. Ine 9, or resported an amount on Form 990, Part X, Ine 21. The the organization and collection? Yee No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount To all the organization and collection and the organization answered "Yee" on Form 990, Part XIII Distrubution during the year To all the organization include an amount on Form 990, Part X, Ine 21, for escrow or cutstodial account liability? Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Distrubutions during the year and the erganization include an endowment the reginatization include an endowment the erganization include an endowment the reginatization include an endowment the reginatization include an endowment the reginatization include an endowment the regenerginatin the are held and administered for the organization inc										Scontin	lea)
a Public exhibition d Clean or exchange program b Scholarly research e Other	3		ion, and other record	is, chec	k any of the	tollowing that	t make sig	gnincant	use of its		
b Scholary research e Other	2				Loan or eve	hango progra	m				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, histocical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or 11 The protect an amount on Form 990, Part X, line 21. 12 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 13 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 14 Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 25 Do the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 26 De the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 26 De the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 27 Port Contributions Inf organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 28 Dothe organization include a			-								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is distinct and the year Is distinct and the samagement in Part XIII. And complete the following table: Amount Is distinct additions during the year Is distinct and the program data and the organization and the intermediary for exercise or custodial account tability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization includes and the organization and the sequence of the organization and th			e	-							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization arewered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustske, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses to custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses to custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses to custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses to custodian or other intermediary for custodial account liability It uses to custodian or there intermediary for custodial account liability? It uses to custodian and the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? It uses the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. If 'Yes' explain the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. If a Beginning of year balance (a) Current year (b) Prior year (c) Iwo years back (c) Three years back (d) Four years back Garnis or scholarships Garnis or scholarships Garnis or scholarships for for year balance for the organizations if Administrative expenses Garnis or scholarships Forvide the estimated percentage on the corganization flat are held and administered for the organization forgarms for any endowment for explored the organization sender		-	ollections and explai	in how th	nev further t	he organizatio	n's exem	not purpo	se in Par	+ XIII	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount c Beginning balance 1d Image: Complete the following table: Amount c Beginning balance 1d Image: Complete the following table: Amount d Additions during the year 1d Image: Complete the following table: Amount d Distributions during the year 1d Image: Complete the following table: Amount d Distributions during the year 1d Image: Complete the following table: Amount d Distributions during the year 1d Image: Complete the following table: Amount d Distributions during the year Image: Complete the arangement in Part XIII. Check here if the explanation has been provided on Part XIII. Net Part M Endowment Funds. Complete i	_									.,	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Explain the arrangement in Part XIII and complete the following table: Image: Complete III (Complete) (Compl	•									Yes	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Itel d Additions during the year e Distributions during the year d Itel d Distributions during the year e Distributions during the year f Ending balance d It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Vas" on Form 990, Part IV, line 10. If a Beginning of year balance (a) Current year b Contributions c Not investment earnings, gains, and losses d If dynarbalance g End of year balance g End of year balance g For or ines 2a, 2b, and 2c should equal 100%. 3a Are there endowment lowear sethore tablance (line 1g, column (ai) held as:<	Pa										
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions 1d e Other expenditures for accellates 1d b Contributions 1d e Other expenditures for facilities 1d and programs 1d f Administrative expenses 1d g End of year balance % b Permanent endowment \> % b Permanent endowmen		reported an amount on Form 990, Pa	rt X, line 21.		-						
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contributior	ns or other as	sets not ir	ncluded			
b If "Yes," explain the arrangement in Part XII and complete the following table:		on Form 990, Part X?								Yes	🗌 No
c Beginning balance 1c 1d d Additions during the year 1d 1d f Ending balance 1f 1d 2a Distributions during the year 1f 1f 1d it 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the explanation answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back is and programs c Not investment earnings, gains, and losses d d d d Grants or scholarships d d d e Other expenditures for facilities and programs d d d d g End of year balance	b										
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a K investment earnings, gains, and losses in in in in in d Grants or scholarships in in in in in in g End of year balance in										Amount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions	с	Beginning balance						1c			
f Ending balance	d	Additions during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) and and programs (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities (a) and and programs (a) and programs (a) and programs (b) Prior year (c) Two years back (e) Four years back g End of year balance (b) and programs (c) Ante programs (c)										1	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher respenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher respenditures for facilities (a) Current year (a) Current year (b) Prior year (c) Two years back (c) Two year		-						y?	L	Yes	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not investment endowment (c) Two years back (e) Four years back f Administrative expenditures for facilities (a) Court of the organization (c) Two years back (d) Three years back (e) Four years back (f) Two years back (f) Two years back (f) Four years back <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th><u></u></th><th></th><th></th></td<>									<u></u>		
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contret the organizations Image:	Pa	Endowment Funds. Complete				· · · · · · · · · · · · · · · · · · ·			oare back	(a) Four	voare hack
b Contributions	4.		(a) Current year	(0) -	nor year				Cars Dack		years back
c Net investment earnings, gains, and losses											
d Grants or scholarships											
e Other expenditures for facilities and programs											
and programs											
f Administrative expenses	e										
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations by: (i) (ii) Inelated organizations (iii) Related organizations 3a(ii) 3a(ii) 3b											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Description of property It Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,040,465. 2,040,465. b Buildings 891,539,351,702.539,837. c Leasehold improvements 92,190,79,270,12,920. d Equipment 325,927.250,095.75,832. e Other 210,4444. 210,4444.	-		rent vear end baland	ce (line 1	a. column (a	a)) held as:	I				
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а		,		3 , ("					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 2,040,465. b Buildings 891,539. 1a Land 2,040,465. 1a <t< th=""><th></th><th>- · ·</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		- · ·	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 2,040,465. 2,040,465. b Buildings 891,539.351,702.539,837. c Leasehold improvements 92,190.79,270.12,920. d Equipment 325,927.250,095.75,832. e Other 210,444. 210,444.	с	Term endowment	%								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) buildings c Leasehold improvements c Leasehold improvements d Equipment e Other e Other (b) Cost or other (c) Accumulated (c) Accumulated (d) Book value (d) Book v		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,040,465. 2,040,465. b Buildings 891,539. 351,702. 539,837. c Leasehold improvements 92,190. 79,270. 12,920. d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444. 210,444.	3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	red for the	e organiz	ation	_	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,040,465. 2,040,465. b Buildings 891,539.351,702.539,837. c Leasehold improvements 92,190.79,270.12,920. d Equipment 325,927.250,095.75,832. e Other 210,444.		by:								,	Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,040,465. 2,040,465. b Buildings 891,539.351,702.539,837. c Leasehold improvements 92,190.79,270.12,920. d Equipment 325,927.250,095.75,832. e Other 210,444. 210,444.		(i) Unrelated organizations								3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,040,465. 2,040,465. b Buildings 891,539.351,702.539,837. c Leasehold improvements 92,190.79,270.12,920. d Equipment 325,927.250,095.75,832. e Other 210,444. 210,444.		(ii) Related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,040,465. 2,040,465. 2,040,465. b Buildings 891,539. 351,702. 539,837. c Leasehold improvements 92,190. 79,270. 12,920. d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444. 210,444.	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land2,040,465.2,040,465.2,040,465.b Buildings891,539.351,702.539,837.c Leasehold improvements92,190.79,270.12,920.d Equipment325,927.250,095.75,832.e Other210,444.210,444.				owment	funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 2,040,465. 2,040,465. 2,040,465. b Buildings 891,539. 351,702. 539,837. c Leasehold improvements 92,190. 79,270. 12,920. d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444. 210,444.	Pai										
basis (investment) basis (other) depreciation 1a Land 2,040,465. 2,040,465. b Buildings 891,539. 351,702. 539,837. c Leasehold improvements 92,190. 79,270. 12,920. d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444. 210,444.											
1a Land 2,040,465. 2,040,465. b Buildings 891,539. 351,702. 539,837. c Leasehold improvements 92,190. 79,270. 12,920. d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444. 210,444.		Description of property			• •		• •		a	(d) Book	value
b Buildings 891,539.351,702.539,837. c Leasehold improvements 92,190.79,270.12,920. d Equipment 325,927.250,095.75,832. e Other 210,444.		L e ce el	`	nent)			depr	eclation		2 010	165
c Leasehold improvements 92,190. 79,270. 12,920. d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444.							2	51 70			
d Equipment 325,927. 250,095. 75,832. e Other 210,444. 210,444.											
e Other											
							2		· · · ·		
				X, colur							-

Schedule D (Form 990) 2021

Co	vestments - Other Securities. omplete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. 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 de	erivatives			
2) Closely held	d equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.) 🕨			
	vestments - Program Related.			
	mplete if the organization answered "Yes"	on Form 990, Part IV, line		
(4	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)				
	ust equal Form 990, Part X, col. (B) line 13.) 🕨			
	ther Assets.			
Co	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(8) (9)				
(8) (9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line	9 15.)	▶	
(8) (9) otal. (Column Part X 01	ther Liabilities.		▶	
(8) (9) Dtal. (Column Part X 0	ther Liabilities. omplete if the organization answered "Yes" of		▶ 11e or 11f. See Form 990, Part X, line 25.	
(8) (9) Detal. (Column Part X Ot	ther Liabilities.		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Datal. (Column Part X Ot Co	ther Liabilities. omplete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) otal. (Column Part X Ot Co	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Of Co (1) Federal	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Or Co (1) Federal (2)	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Datal. (Column Co Co (1) Federal (2) (3)	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Datal. (Column Part X Ot Co (1) Federal (2) (3) (4)	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Datal. (Column Part X Ot Co (1) Federal (2) (3) (4) (5)	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Of Co (1) Federal (2) (3) (4) (5) (6)	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Part X Of Co (1) Federal (2) (3) (4) (5) (6) (7)	ther Liabilities. omplete if the organization answered "Yes" ((a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

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.

74-2277114 Page 3

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WILLIAMSON COUNTY CRISIS CENTER

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

	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	4,542,486.
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	19,260.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	32,662.		
е	Add lines 2a through 2d			2e	51,922. 4,490,564.
3	Subtract line 2e from line 1			3	4,490,564.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,490,564.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,501,196.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		10.000		
а	Donated services and use of facilities	2a	19,260.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	32,662.		
е	Add lines 2a through 2d			2e	51,922.
3	Subtract line 2e from line 1			3	2,449,274.
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	0.		
5				5	2,449,274.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

32,662.

32,662.

SCHEDULE G	Suppleme	ntal Information Rega	arding	Fund	drais	ing or Gaming	Acti	vities	OMB No.	1545-0047
(Form 990)		e organization answered "\ organization entered more t					or 19,	or if the	20	21
Department of the Treasury Internal Revenue Service	► Go	► Attach to Fo					ion.		Open t Inspec	o Public tion
Name of the organization		0						Employer	identificat	ion number
		SON COUNTY CRI						74-22		
	complete this par	 Complete if the organization t. 	n answei	red "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990)-EZ filers a	ire not
1 Indicate whether th	e organization rais	sed funds through any of the	e followin	g acti	vities.	Check all that apply				
a 🔄 Mail solicitat					•	overnment grants				
c Phone solici		g []	Special	fundra	aising e	events				
•		or oral agreement with any in	ndividual	(inclue	ding of	fficers, directors, true	stees	, or		
key employees list	ed in Form 990, P	art VII) or entity in connection	n with pr	rofess	ional f	undraising services?	•		/es	No
		viduals or entities (fundraiser	rs) pursu	ant to	agree	ments under which	the fu	undraiser is	to be	
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity		(iii) fundr have c or con	aiser ustody trol of	(iv) Gross receipts from activity	tò (c	Amount pai or retained b fundraiser	y) to (or	mount paid retained by) anization
				contrib			list	ted in col. (i) 019	
				Yes	No					
		I								
3 List all states in wh or licensing.	icn the organizatio	on is registered or licensed to	o solicit c	ontrib	outions	s or nas been notified	a it is	exempt fro	m registrat	on

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	D-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AMPLIFY			(add col. (a) through
			AUSTIN	ALLIES HOPE	3	col. (c)
۵			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	46,440.	33,898.	37,939.	118,277.
щ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	46,440.	33,898.	37,939.	118,277.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses	000	29,154.	2,525.	32,662.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	32,662.
		Net income summary. Subtract line 10 from I	ine 3, column (d)			85,615.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billigo	bingo/progressive bingo		col. (a) through col. (c))
Sev						
<u>н</u>	1	Gross revenue				
Se	2	Cash prizes				
sus						
spe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
-	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	IT "	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

Sch	iedule G (Form 990) 2021	WILLIAMSON	COUNTY	CRISIS C	ENTER	74-2	2771	14 Page 3
11	Does the organization conduct	gaming activities with nor	members?				Y	es 🗌 No
	Is the organization a grantor, b to administer charitable gaming	eneficiary or trustee of a tr	rust, or a mem	ber of a partners	hip or other entity for	med	Y	es 🗌 No
13	Indicate the percentage of gam							
	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of							
	Name							
	Address							
15a	a Does the organization have a c	ontract with a third party f	rom whom the	e organization red	ceives gaming revenu	le?	. 💷 Y	es 🛄 No
k	If "Yes," enter the amount of ga	aming revenue received by	y the organiza	tion 🕨 \$	and th	ne amount		
	of gaming revenue retained by							
c	If "Yes," enter name and addre	ess of the third party:						
	Name 🕨							
	Address ►							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensatio	n 🕨 \$						
	Description of some issue provide	-						
	Description of services provide							
	Director/officer	Employee	Ind	lependent contra	ctor			
17	Mandatory distributions:							
â	a Is the organization required un	der state law to make char	ritable distribu	itions from the ga	aming proceeds to			
	retain the state gaming license							es 📖 No
k	Enter the amount of distribution	ns required under state lav	w to be distrib	uted to other exe	empt organizations or	spent in the		
Da	organization's own exempt act	ivities during the tax year ormation. Provide the e		a avviva al lavv Davat I				- 0. 0h 10h
FC		as applicable. Also provid	-			anu (v), anu Pai	rt III, IIIIE	is 9, 90, 100,
	, , , ,							

	Sche	edu	le G	G (Fo	rm 990	D)
1		-				

Part IV Supplemental Information (continued)	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No 1545-0047

WILLIAMSON COUNTY CRISIS CENTER

74-2277114

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING SAFETY, SERVICE, AND DEVELOPING PARTNERSHIPS THAT LEAD TO

HOPE, HEALING AND PREVENTION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY A CPA AND REVIEWED BY THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION B, LINE 15:

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.

FORM 990, PART VI, SECTION C, 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