# **Acknowledgement and General Information for Entities That File Returns Electronically**

2018

Name(s) as shown on return

Employer Identification Number

WILLIAMSON COUNTY CRISIS CENTER	* * - * * * / 1 1 4
Entity address	
1011 GATTIS SCHOOL ROAD	
Round Rock, TX 78664	
Thank you for participating in IRS e-file.	
1. X 2018 990 income tax return for Federal was The electronic filing services were provided by Sally M Volling, CPA	as filed electronically.
2. $\boxed{X}$ 990 income tax return was accepted on $\boxed{11-08-2019}$ using an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (EFT) The submission ID assigned to this return is $\boxed{7421692019312b1fdwhg}$	a Personal Identification Number (PIN) as RO) to enter or generate a PIN signature.

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

# 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)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For t	the 2	2018 calend	dar year, or tax year begir	nning		, 2018, and e	nding			, 20
В	Check	if app	plicable:	C Name of organization WILI	LIAMSON COUNTY	CRISIS CE	NTER			D Em	ployer identification no.
X	Addre	ss cha	ange	Doing business as HOPE	E ALLIANCE					74-	2277114
	Name	chan	ge	Number and street (or P.O. bo	ox if mail is not delivered to	street address)		Room	n/suite	E Tel	lephone number
	Initial	return	- 1	1011 GATTIS SC	HOOL ROAD			11	0	(51	2)482-8682
	Final r	return/	/terminated	City or town, state or province	e, country, and ZIP or foreig	n postal code				<b>G</b> Gro	oss receipts
$\overline{\Box}$	Amen	ded re	eturn	Round Rock, TX	78664					\$	2,373,344
$\overline{\Box}$	Applic	ation	pending	F Name and address of principa				H(a	a) Is this a group retu	ırn for subord	
									b) Are all subordir		
ı	Tax-e	xempt	t status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527	<b>—</b> `	, If "No," atta	ch a list. (s	see instructions)
J	Webs			PEALLIANCETX.ORG	, , _	. , , ,		H(c	c) Group exemp	tion numbe	er ▶
K	Form	of org	anization: X		sociation Other		L Year of formation:		M State of		
	art I	_	Summar								
		_		ribe the organization's miss	sion or most significar	nt activities: н	OPE ALLIANCE A	SSIS'	TS THOSE	WHO L	IVES HAVE
			•	ECTED BY FAMILY	ŭ	_					
Activities & Governance		_		SHIPS THAT LEAD TO							
na In		=			·						
Š		2 (	Check this b	ox ► ☐ if the organization	n discontinued its ope	erations or dispos	ed of more than 25%	of its n	et assets.		
တိ				oting members of the gove		•			1	3	13
≪ ග				ndependent voting member						4	13
ij	ي ا			er of individuals employed in	-					5	46
Ę				er of volunteers (estimate if						6	82
ă	-			ted business revenue from	• ,				<del></del>	7a	0
	'			ed business taxable income	. ,	•				7b	0
			tot umolate	a bacilloco taxabio illocitic	3 1101111 01111 000 1, 111	10 00 1 1 1 1			Prior Year		Current Year
ō	١,	B (	Contributions	s and grants (Part VIII, line	1h)				1,543,4	141	2,080,970
				rvice revenue (Part VIII, lin			i		1,313,		2,000,570
enc	10		Ü	ncome (Part VIII, column (	0,		İ			249	135
Revenue	1			ue (Part VIII, column (A), lii	,, , , , , , , , , , , , , , , , , , , ,		İ		136,9		251,695
_	1:			ue - add lines 8 through 11					1,680,6		2,332,800
	1:			similar amounts paid (Part					1,000,0	,00	2,332,800
	1			d to or for members (Part I	, ,		i i				
	1			ner compensation, employe			i		1,329,6	569	1,474,191
es	1			I fundraising fees (Part IX,			· .		1,323,0	,05	1,474,101
Expenses	'			ising expenses (Part IX, co			t t				
Ä	·			ises (Part IX, column (A), li		-			361,2	265	432,292
_	1:		•	ses. Add lines 13-17 (mus	•	•	t t		1,690,9		1,906,483
				ss expenses. Subtract line			1		(10,2		426,317
_			TOVOITAG 100	o expenses. Cabildet inte	10 110111111111111111111111111111111111			Roginn	ing of Current Ye		End of Year
its o	au 2	n 7	Total assets	(Part X, line 16)				Degiiiii	912,3		1,136,591
Asse	E 2			es (Part X, line 26)					293,		91,656
Net Assets or	E 2			or fund balances. Subtract			1		618,6		1,044,935
	art II	_		ire Block	TIME 21 HOM IIIC 20				010,	<u> </u>	1,044,555
				clare that I have examined this retu	urn, including accompanying	g schedules and state	ments, and to the best of my	knowledg	ge and belief, it is		
tru	e, corre	ct, an	id complete. De	eclaration of preparer (other than of	ficer) is based on all informa	ation of which prepare	r has any knowledge.				
			RTCH	ARD M BROWN, Ed.I	).						
Sig	gn			re of officer						Date	
He	re		RTCH	ARD M BROWN, Ed.I	O. CHIEF EXEC	TTTVE OFFT	TER				
	. •			print name and title	or, chill ball	.01110 0111	5 <u>11</u>				
_			1	eparer's name	Preparer's signature		Date		Check	f PTIN	
Pa	id		v 1 ype pre						self-employed		
	epar	er	Firm's name	<b>•</b>	1			Firm's	s EIN ►		
	e O		Firm's addres					Phone			
		,	. IIII 3 addles					. 110116	oo.		
Ma	v the	IRS	discuss this	return with the preparer sh	hown above? (see in:	structions)					. Yes No

74-2277114

Form 990 (2018) WILLIAMSON COUNTY

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 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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.			
а		44-	v	
L	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		110		Λ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				- 21
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		37
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20 a	If "Yes," complete Schedule G, Part III	19 20a		X
zu a b		20a 20b		27
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_55		
	domestic government on Part IX column (A) line 12 If "Ves " complete Schedule I. Parts I and II	21		x

	990 (2018) WILLIAMSON COUNTY CRISIS CENTER 74-2277:	114	F	age 4
Par	t IV Checklist of Required Schedules (continued)		.,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			7.7
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	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			3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,,	
D	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
4	Fator the number reported in Pay 2 of Form 1006. Enter 0, if not and include		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

reportable gaming (gambling) winnings to prize winners?

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

			Yes	No						
<b>2</b> a	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 46									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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		Χ						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
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								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2018) WILLIAMSON COUNTY CRISIS CENTER Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

or to marine of marine germani, and Discours 7 of or	ion recopenies to integer to below, and for a rec
response to line 8a, 8b, or 10b below, describe the circumstance	es, processes, or changes in Schedule O. See instructions.
	D 434

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi	ons.
Check if Schedule O contains a response or note to any line in this Part VI	

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 13								
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	. 6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
	one or more members of the governing body?	. 7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	. 7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
а	The governing body?	. 8a	Х						
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	. 12c	X						
13	Did the organization have a written whistleblower policy?	. 13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	. 15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	. 16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	.   16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	RICHARD M BROWN, Ed.D. (512)255-1212, 1011 GATTIS SCHOOL RD STE 110, Round Rock,	X 78	564						

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Page **7** 

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

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

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

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

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

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

				(	(C)					
(A)	(B)	/do n	ot ob		sition	n one		(D)	(E)	(F)
Name and Title	Average	Average (do not check more than box, unless person is box						Reportable	Reportable	Estimated
	hours per week (list any	offic	er an	d a diı	rector/tr	ustee)	١	compensation from	compensation from related	amount of other
	hours for				-	Ф. Т		the	organizations	compensation
	related organizations	ndivi	nstitu	Officer	Key employee	Highe Simple	-ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dual	ition	, <u> </u>	mplo	st co	er	(** 2/1000 1/1100)		and related
	line)	Individual trustee or director	nstitutional trustee		уее	mpe				organizations
		96	stee			Highest compensated employee				
						be				
(1) NANCY BOWMAN										
PRESIDENT		X		X				(	0	0
(2) CHARLES PITTMAN										
VICE PRESIDENT		X		X				(	0	0
(3) SANDY SARGENT										
SECRETARY		X		X				(	0	0
(4) DAN MURPHY										
TREASURER		X		X				(	0	0
(5) RENEE PETSCHE										
PAST PRESIDENT		X		X				(	0	0
(6) SEAN_BARBER										
BOARD MEMBER		X						(	0	0
(7) DIANE BENNETT										
BOARD MEMBER		X						(	0	0
(8) JOANNA DAVIS										
BOARD MEMBER		X						(	0	0
(9) VALERIE FRANCOIS										
BOARD MEMBER		X						(	0	0
(10)VIRGINIA_GEN										
BOARD MEMBER		X						(	0	0
(11)ANDREW NORRIS										
BOARD MEMBER		X						(	0	0
(12)JANET_VITO										
BOARD MEMBER		X						(	0	0
(13)SALLY_VOLLING										
BOARD MEMBER		X						(	0	0
(14)DONNA MILLER	L									
BOARD MEMBER		X						(	0	0

WILLIAMSON COUNTY CRISIS CENTER 74-2277114

Part	VII Section A. Officers, Directors, Trustees,	, Key Empio	yees,	and			t Con	ıper	isated Employee:	s (continuea)	$\overline{}$		
					(C								
	(A)	(B)	(do no	ot che	Posi ck mo		an one		(D)	(E)		(F)	
	Name and title	Average	box, u	unless	pers	on is	both an		Reportable	Reportable		stimated	
		hours per week (list any	office	r and		ector/	trustee)		compensation from	compensation from related	ar	mount of other	
		hours for	or d	Inst	Officer	Key	emp	Former	the	organizations	con	npensatio	n
		related	Individual trustee or director	Institutional trustee	cer	Key employee	bloye	mer		(W-2/1099-MISC)		from the	
		organizations below dotted	tor tru	onal		ploy	econ		(W-2/1099-MISC)		1	ganizatior nd related	
		line)	uste	trus		99	nper					anization	
			Ф	tee			Highest compensated employee						
							<u> </u>						
(15)											<u> </u>		
Y-2/													
(16)											+		
7.5/													
(17)											+		
(' <i>'</i> )													
(4.0)											+-		
(18)													
											₩		
<u>(19)                                    </u>													
(20)													
(21)		L											
(22)													
· -'													
(23)											1		
<u>\-</u> _'													
(24)											+		
<u>(44</u> )													
(OF)											+		
(25)													
											+		
1b	Sub-total						• • •	<b>•</b>			₩		
С	Total from continuation sheets to Part VII, Sectio		• • •					<b>&gt;</b>			₩		
d	Total (add lines 1b and 1c)								<u> </u>		<u></u>		0
2	Total number of individuals (including but not limited	to those liste	ed abo	ve) v	who	rec	eived i	more	e than \$100,000 of				
	reportable compensation from the organization            •									0			
												Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee,	or	highes	t co	mpensated				
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividua	al.							3		X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensatio	on ar	nd o	ther	comp	ensa	ation from the				
	organization and related organizations greater than												
	individual										4		Χ
5	Did any person listed on line 1a receive or accrue co				nrela	ated	lorgan	izati	ion or individual		-		
	for services rendered to the organization? <i>If</i> "Yes,"										5		Χ
Secti	on B. Independent Contractors	complete oc	nodan	0 0 10	01 00	1011	perder	<u>'</u>	<u> </u>	<del></del>			
1	Complete this table for your five highest compensate	d indopondor	nt contr	racto	ore th	and r	ocoivo	d m	oro than \$100,000	of			
•		•											
	compensation from the organization. Report comper	isation for the	Calen	iuai	y <del>c</del> ai	en	ulig w	ilii O	i within the organiz	alions lax			
	year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	pensation	
DKC (	CONSTRUCTION GROUP, 1205 SHELDON C	OVE UNIT	1F,	TX	78	875	53		CONSTRUCT	ION		415,	,528
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	vho					
	received more than \$100,000 of compensation from			•			•			1			

Form 990 (2018) Part VIII

Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1	a		Tovolius		0.20
ants	b		b	-			
يَّ وَ	C		С	-			
iifts ar A	d	_	d	-			
s, ⊞ii	e		e 1,744,422	-			
tion Si Si	f	All other contributions, gifts, grants,		-			
ja Š			f 336,548				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f:	\$ 11,358				
O a	h	Total. Add lines 1a-1f		2,080,970			
			Business Code				
nne	2a						
eve	b						
ice F	С						
Serv	d						
ä	е		_				
Program Service Revenue	f	All other program service revenue	•				
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	it,				
		and other similar amounts)		135	135		
		Income from investment of tax-exempt bond pro					
	5	Royalties	<u></u>				
		(i) Real	(ii) Personal	_			
		Gross rents		-			
		Less: rental expenses		-			
		Rental income or (loss)					
		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other	-			
		•		-			
	b	Less: cost or other basis and sales expenses					
		Gain or (loss)		1			
		Net gain or (loss)					
ē		Gross income from fundraising					
enne		events (not including \$					
%ev		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18	a 276,922	2			
₹	b	Less: direct expenses					
	С	Net income or (loss) from fundraising events		236,378			236,378
	9a	Gross income from gaming activities.					
		See Part IV, line 19	а				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities $$ .	. <u> </u>				
	10a	Gross sales of inventory, less					
		returns and allowances		_			
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory .					
	44	Miscellaneous Revenue	Business Code				
		Miscellaneous Income	541900	15,317	15,317		
	b		_				
	C	All other revenue	_	+			
		All other revenue		15 315			
		<b>Total.</b> Add lines 11a-11d		15,317	15 450		0 236,378
	14	TOTAL LE VELLUE. DEC III SILIUCIIO IIS		2,332,800	15,452		0 236,378

#### 74-2277114

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, trustees, and key employees ...... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 1,256,288 1,011,983 133,900 110,405 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,942 4,787 633 522 9 109,306 88,050 11,650 9,606 10 102,655 82,692 10,941 9,022 11 Fees for services (non-employees): b Legal...... 15,308 12,331 1,632 1,345 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 43,043 34,672 4,588 3,783 12 3,041 2,450 324 267 13 52,514 42,302 5,597 4,615 14 15 16 8,053 91,632 73,813 9,766 17 15,173 12,222 1,617 1,334 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 1,410 1,136 150 124 21 50,728 22 Depreciation, depletion, and amortization . . . . . . 4,458 40,863 5,407 23 Insurance ........ 21,899 17,640 2,334 1,925 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CLIENT SERVICES 72,561 7,734 58,450 6,377 REPAIRS & MAINTENANCE 19,377 15,609 2,065 1,703 C TELEPHONE 15,710 12,655 1,674 1,381 d BOARD & VOLUNTEER 29,896 24,082 3,189 2,625 e All other expenses **Total functional expenses.** Add lines 1 through 24e 25 1,906,483 1,535,737 203,201 167,545 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			465,776	1	156,731
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			135,058	3	303,231
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office	cers, d	lirectors,			
		trustees, key employees, and highest compensated employees					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and con	ntributin	g employers and			
		sponsoring organizations of section 501(c)(9) voluntary employe	ees' ber	neficiary			
		organizations (see instructions). Complete Part II of Schedule L				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			44,406	9	4,269
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	497,709	267,105	10c	672,360
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments - program-related. See Part IV, line 11 .		<del> -</del>		13	
	14	Intangible assets	<u> </u>		14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34			912,345	16	1,136,591
	17	Accounts payable and accrued expenses			30,103	17	14,527
	18	Grants payable		18			
	19	Deferred revenue	158,727	19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of			21		
Liabilities	22	Loans and other payables to current and former officers, trustees, key employees, highest compensated employee					
iig						22	
Ë	23	Secured mortgages and notes payable to unrelated third		-	42,304	23	26,446
	24	Unsecured notes and loans payable to unrelated third pa			42,304	24	20,440
	25	Other liabilities (including federal income tax, payables to		<del> -</del>			
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D			62,593	25	50,683
	26	Total liabilities. Add lines 17 through 25		<del>-</del>	293,727	26	91,656
		Organizations that follow SFAS 117 (ASC 958), check					5-,
S		complete lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets			483,536	27	976,359
ala	28	Temporarily restricted net assets			135,082	28	68,576
Б В	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958	), ched	ck here ▶ 🗌 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
É	32	Retained earnings, endowment, accumulated income, or	other	funds		32	
_	33	Total net assets or fund balances			618,618	33	1,044,935
	34	Total liabilities and net assets/fund balances			912,345	34	1,136,591
EEA							Form <b>990</b> (2018)

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. $\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	32,8	300
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	06,4	183
3	Revenue less expenses. Subtract line 2 from line 1	3		4	26,3	317
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	18,6	518
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 in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,0	44,9	35
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🛚	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🛚	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		📗	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a	Χ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Χ	
FFΔ				Form	990 (2	2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

WIL	LIA	MSON COUNTY CRISIS CENTE	R				74-22771	14	
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ıs.	
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	)			
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)			
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	)(iii).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)	(A)(v).			
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or from	m the general public		
		described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)					
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	described in <b>sect</b>	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	ege	
		or university or a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or		
		university:							
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	S	
		receipts from activities related to its e	exempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses		
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)			
11	Ц	An organization organized and opera	•						
12		An organization organized and opera-	•	• •			, , ,		
		of one or more publicly supported org	•	` , , ,		. , , ,	•	, , ,	
		Check the box in lines 12a through 12						•	
	а	Type I. A supporting organization		•		•		ving	
		the supported organization(s) the			rity of the o	lirectors or	trustees of the		
		supporting organization. You mu	-						
	b	Type II. A supporting organization	•			•		_	
		control or management of the sup		•	rsons that o	control or r	nanage the supporte	d	
		organization(s). You must comp							
	С	Type III functionally integrated		·				with,	
		its supported organization(s) (se	•	•				· (-)	
	d	Type III non-functionally integr	,					` '	
		that is not functionally integrated.		•		•	it and an attentivenes	S	
	_	requirement (see instructions). Y	-				Tuno II Tuno III		
	е	Check this box if the organization				sa Type I,	туре п, туре ш		
	f	functionally integrated, or Type III Enter the number of supported organ		· · · · · · · · · · · · · · · ·	ariizaliori.				
	g	Provide the following information abo							
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amo	int of
	٠,	, riamo di dapportoa digamizationi	(11) 2.11	(described on lines 1-10	` '	r governing	support (see	other supp	
				above (see instructions))	docum	ent?	instructions)	instruct	ions)
					Yes	No			
(A)									
<b>(D)</b>									
(B)									
(C)									
(C)									
(D)									
(E)									
Tota	ıl								
							I		

74-2277114 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,434,516	1,398,570	1,585,747	1,543,411	2,080,970	8,043,214
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	1,434,516	1,398,570	1,585,747	1,543,411	2,080,970	8,043,214
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)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						8,043,214
	tion B. Total Support	(=) 2044	<b>(b)</b> 2015	(-) 2040	(4) 0047	(5) 2040	(f) Tatal
	ndar year (or fiscal year beginning in) ►  Amounts from line 4	(a) 2014	` '	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	1,434,516	1,398,570	1,585,747	1,543,411	2,080,970	8,043,214
Ĭ	payments received on securities loans,						
	rents, royalties and income from similar sources	85	203	270	249	135	942
		05	203	270	217	133	712
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 .						8,044,156
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		· · · · · · · · · · · ·				▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6, c						99.99 %
15	Public support percentage from 2017 Sched						99.97 %
16a	33 1/3% support test - 2018. If the organize			•	•		
	box and <b>stop here.</b> The organization qualif						▶ 🛚 🗵
b	33 1/3% support test - 2017. If the organiz						
	this box and <b>stop here.</b> The organization q	•					▶ ⊔
17a	10%-facts-and-circumstances test - 2018	ŭ		•			
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		_				
h	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017 15 is 10% or more, and if the organization is	ŭ		•		ııııe	
	Explain in Part VI how the organization mee					dv	
	•	ets the Tacts-and-ci		•		•	<b>⊾</b> □
18	Private foundation. If the organization did						· · · · · • ⊔
.5	instructions		•				▶ □
		<b></b> .	<b></b>	<b></b>	<b></b>	<b></b>	<del>.</del>

## 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities 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 business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b>	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

# Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ju		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
100		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Management of the consequent and discourse attended to the terror of the terror of the discourse		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
•	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		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
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 in (2), 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions)	).
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.		,	-
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С		/ (see in	struct	tions)
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

74-2277114

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explai	in in Part VI). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Section	ns A through E.
C	tion A. Adirected Not Income		(A) Drien Veen	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior 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			
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
				(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(0)
	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1.4		
	actors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+		
	e instructions).	4		
<b>5</b>		5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
<del>-</del> /8	Minimum Asset Amount (add line 7 to line 6)	8		
	Millimum Asset Amount (add line 7 to line 0)	- 6		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			
en	nergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see

EEA

instructions).

		_
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
I GIL V	1 1 pc in 11011 i dilotionally integrated 000(a)(0) oupporting 01 quinzations (00/1/1/a0a/	

Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
_	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

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

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number WILLIAMSON COUNTY CRISIS CENTER 74-2277114 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ...... Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ..... 🗌 Yes 🗌 No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ..... 🗌 Yes 🗌 No 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 7 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)(i) ..... 🗌 Yes 🗌 No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X 

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Sched	ule D (Form 990) 2018 WILLIAMSON COUN	TY CRIS	IS CEN	ITER				74-227	7114	Page
Pa	rt III Organizations Maintaining Co	ollection	s of A	rt, Histo	rical Tre	easures, o	r Othe	r Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession, a	ind other red	cords, ch	neck any of	the follow	ing that are a	significa	nt use of its		
	collection items (check all that apply):									
а	Public exhibition	<b>d</b> [	Loar	n or excha	nge progra	ams				
b	Scholarly research	е [	Othe	er						
С	Preservation for future generations			-						
4	Provide a description of the organization's collect	tions and ex	plain ho	w they furt	her the org	ganization's ex	empt pu	rpose in Part		
	XIII.			•						
5	During the year, did the organization solicit or rec	eive donation	ons of ar	t, historical	treasures	, or other simil	lar			
	assets to be sold to raise funds rather than to be								🗆 <b>`</b>	res N
Pa	rt IV Escrow and Custodial Arrang									
	Complete if the organization and		es" or	n Form 9	90, Part	IV, line 9,	or repo	orted an amo	unt on Fo	orm
	990, Part X, line 21.				,	, ,	•			
1a	Is the organization an agent, trustee, custodian or	other interr	mediarv f	for contribu	itions or of	ther assets no	t			
			-							res □ N
b	If "Yes," explain the arrangement in Part XIII and									
								А	mount	
С	Beginning balance						. 1c	7.		
d	Additions during the year						· — ·			
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form									res N
b	If "Yes," explain the arrangement in Part XIII. Che						-		_	$\overline{}$
	rt V Endowment Funds.	SOR HOLD II II	по охра	Hationnao	been prov	idea on i are i	•			<u>•••</u>
. u	Complete if the organization and	swered "\	res" or	Form 9	90 Part	IV line 10				
	Complete ii the organization and	(a) Current		(b) Pric		(c) Two years I		(d) Three years back	(a) Four	r years back
1a	Beginning of year balance	(a) Current	year	(6) 1110	л усаг	(c) Two years	back	(u) Three years back	(6) 100	i years back
b	Contributions									
c	Net investment earnings, gains, and									
٠	losses									
ч	Grants or scholarships									
d	Other expenditures for facilities and									
е	programs									
£	· · ·									
f	Administrative expenses									
g 2	Provide the estimated percentage of the current y	year and ha	lanco (lin	o 1a colu	mn (a)) ha	ld ac:				
۷,			0/	ie ig, colui	iiii (a)) iie	iu as.				
a h	Board designated or quasi-endowment ►  Permanent endowment ►  %		70							
D	Temporarily restricted endowment	%								
С	The percentages on lines 2a, 2b, and 2c should e									
3a	Are there endowment funds not in the possession			a that are h	old and ac	lministared for	tho			
Зa		nor the org	arıızatıdı	i iliai ale il	elu ariu au	ariiriisterea ioi	uie			Yes No
	organization by:  (i) unrelated organizations								20(1)	Tes No
	()								3a(i)	
L	(,								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization		•		ile K?				. 3b	
4 Doi	Describe in Part XIII the intended uses of the org		endowm	ient tunas.						
ra	rt VI Land, Buildings, and Equipme		/oo" o=	. Earm 0	00 00-	· I\/ lina 44	0 500	Form 000 F	ort V II	0.10
	Complete if the organization ans									
	Description of property	(a) C	Cost or othe			r other basis		ccumulated	( <b>d</b> ) Boo	k value
			(investme	erit)	(0	other)	aet	preciation		
1a	Land					32,000				32,000
b	Buildings	• •				839,876		264,860		575,016
С	Leasehold improvements	• •				68,604		62,250		6,354
d	Equipment				:	229,589		170,599		58,990

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Investments - Other Securities.

Part VII

	Complete if the organization answer	ered "Yes" on Form 990, P	<u>art IV, line 11b. See Form 990</u>	), Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
I dit tiii	Complete if the organization answer	ered "Yes" on Form 990 P	art IV line 11c See Form 990	Part X line 13
	<u>-</u>			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	arad "Vas" on Form 000 B	ort IV line 11d See Form 000	) Dort V line 15
-	Complete if the organization answer		art IV, line 1 Id. See Form 990	
	()	a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	e 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities.			
	Complete if the organization answer	ered "Yes" on Form 990, P	art IV, line 11e or 11f. See Fo	rm 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) ACCRU	ED PAYROLL	35,74	8	
(3) ACCRU	ED COMPENSATION ABSENSES	14,93	5	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 25.)	50,68	3	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sched	ule D (Form 990) 2018 WILLIAMSON COUNTY CRISIS CENTER 74	4-2277	<b>114</b> Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,373,344
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)         2d         40,544		
е	Add lines 2a through 2d	2e	40,544
3	Subtract line 2e from line 1	3	2,332,800
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,332,800
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,947,027
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)         2d         40,544		
е	Add lines 2a through 2d	2e	40,544
3	Subtract line 2e from line 1	3	1,906,483
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		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,906,483
	rt XIII Supplemental Information.		
	de 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b;	t X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Λ1	Other marrows not included on Form 000 (Doot VI line 2	<b>.</b>	
UI.	Other revenues not included on Form 990 (Part XI, line 20	۱)	
			000
DIR.	ECT FUNDRAISING EXPENSES OF \$40,544 ARE INCLUDED AS A REDUCTION OF REVENUE IN	FORM	990,
	THE TANK OF ACCORDING A ROBBLE PRINCIPLE AND HOURS EVERYAGE AND DEPLICED D		
PAR'	I VIII, LINE 8a. ACCORDINGLY, TOTAL REVENUES AND TOTAL EXPENSES ARE REDUCED B	Y THIS	•
7 14C	THE ON EODIN 000		
AMO	UNT ON FORM 990.		

EEA Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)
02. Other expenses not included on Form 990 (Part XII, line 2d)
DIRECT FUNDRAISING EXPENSES OF \$40,544 ARE INCLUDED AS A REDUCTION OF REVENUE IN FORM 990,
PART VIII, LINE 8a. ACCORDINGLY, TOTAL REVENUES AND TOTAL EXPENSES ARE REDUCED BY THIS
AMOUNT ON FORM 990.
03. General Explanation Attachment
PART X, LINE 2:
THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS ENGAGED IN ANY SITUATION THAT WOULD RESULT
IN AN UNCERTAIN TAX POSITION. THEREFORE, MANAGEMENT DOES NOT BELIEVE THAT ANY UNCERTAIN
TAX POSITIONS CURRENTLY EXIST AND THEREFORE, NO LOSS CONTINGENCY HAS BEEN RECOGNIZED IN
THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S POLICY IS TO RECORD ANY INCOME
TAX RELATED PENALTIES AND INTEREST INCURRED AS GENERAL AND ADMINISTRATIVE EXPENSE. THE
ORGANIZALTION DID NOT INCUR ANY INCOME TAX RELATED PENALTIES OR INTEREST DURING THE YEAR ENDED DECEMBER 31, 2018.

EEA

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

ILLIAMSON COUNTY CRISIS CE						77114
Part I Fundraising Activities	•	-		swered "Yes" on	Form 990, Part IV	line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rais	sed funds through		-			
a Mail solicitations				of non-government gra	ants	
<ul><li>b  Internet and email solicitations</li><li>c  Phone solicitations</li></ul>				of government grants draising events		
<ul><li>c ☐ Phone solicitations</li><li>d ☐ In-person solicitations</li></ul>		g∟	Special func	iraising events		
2a Did the organization have a written o	r oral agreement	with any indiv	idual (includi	ing officers directors	trustaes	
or key employees listed in Form 990,					_	es No
<b>b</b> If "Yes," list the 10 highest paid individ				-		_
compensated at least \$5,000 by the		, ,				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
·						
otal						
<b>3</b> List all states in which the organization				tions or has been noti	fied it is exempt from	
registration or licensing.					nou it io oxompt nom	
5						

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

			(a) Event #1 Golf Event	(b) Event #2 Amplify Aust	(c) Other events None	(d) Total events (add col. (a) through col. (c))		
a)			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	150,869	126,053		276,922		
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	150,869	126,053		276,922		
	4	Cash prizes						
	5	Noncash prizes						
enses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Dire	8	Entertainment						
	9	Other direct expenses	30,332	10,212		40,544		
	10	Direct expense summary. Add lines	4 through 9 in column (d)			40,544		
	11	Net income summary. Subtract line	• , ,			236,378		
Pa	rt II		•	Yes" on Form 990, Part	IV, line 19, or reported	more		
		than \$15,000 on Form 990	)-EZ, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
 	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	<ul><li> Yes %</li><li> No %</li></ul>	☐ Yes % ☐ No	☐ Yes % ☐ No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9 a		Enter the state(s) in which the organization conducts gaming activities:  Is the organization licensed to conduct gaming activities in each of these states?						
		No," explain:						
	_							
10a	W	ere any of the organization's gaming	licenses revoked, suspende	ed or terminated during the	tax year?	Yes No		
		Van II avaloini	moorises revolved, suspende	_	·····			
	_							

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

#### IRS e-file Signature Authorization for an Exempt Organization

	_			_	<b>J</b>	
r calendar vear 2018, or fisca	al ve	ar heginning				and ending

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

2018

74-2277114

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

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

Employer identification number

WILLIAMSON COUNTY CRISIS CENTER Name and title of officer

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

#### Type of Return and Return Information (Whole Dollars Only)

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

the applicable line below. Be not complete more than one line in rank in	
1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	2,332,80
2a Form 990-EZ check here ► D b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

	•			
X	lauthorize Sally M Volling, CPA	to enter my PIN	78664	as my signature
_	ERO firm name		Enter five numbers, but do not enter all zeros	
	on the organization's tax year 2018 electronically filed return. If I ha	ve indicated withir	n this return that a cop	py of the return is
	being filed with a state agency(ies) regulating charities as part of t	he IRS Fed/State	program, I also autho	rize the aforemen
	ERO to enter my PIN on the return's disclosure consent screen.			

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

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

Officer's signature Date ► 11-07-2019 Part III | Certification and Authentication

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

742169 10251 Do not enter all zeros

Date >

tioned

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)