990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury

▶ 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

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Α	For the	2019 calendar y	ear, or tax year begin	ning	10	-01 , 2019 ,	and end	ing	09	-30 , 2 0)20
В	Check if a	applicable:	C Name of organization DC	MESTIC AND S	EXUAL ABUSE S	SERVICES			D Emplo	yer identifica	ation number
	Address c	change	Doing business as						1	38-259	0266
	Name cha	ange	Number and street (or P	O. box if mail is not delive	red to street address)		Room/su	uite	E Teleph	one number	
	Initial retu	ırn	512 FOURTH ST						1	(269)2	79-5122
$\overline{\Box}$	Final retur	rn/terminated	City or town, state or pro	vince, country, and ZIP or	foreign postal code				G Gross		
Ī	Amended	return	THREE RIVERS,		3 1				\$		743,369
П	Application		F Name and address of pri		M FIIRR			H(a) Is this a	group return fo	or subordinates?	
	тррпосцо		SAME AS C ABOV		II I OKK			1		s included?	
_	Tax-exem) ◀ (insert no.)	4947(a)(1) or	527		1 ' '		. (see instruct	
<u>'</u>	Website:		ASASMI.ORG) (Ilisert IIo.)		1 321		1		_	ions)
J				i - ti		1	-4: 1 O I			number ►	NT.
			poration Trust Ass	ociation Other		L Year of forma	ation: 19	84 M	State of lega	al domicile:	MI
P	art I	Summary		. ,				- 400			
	1	-	the organization's miss	_		PROVIDE	SHELTE	ER AND A	ASSISTA	ANCE TO	WOMEN AN
ø		CHILDREN A	FFECTED BY DOME	STIC VIOLENCE	E AND ABUSE.				<u> </u>		
anc											
ern											
Activities & Governance	2		if the organization						1 1		
৺	3		g members of the gove	• • •	,			,			7
es	4	Number of indep	pendent voting member	s of the governing b	ody (Part VI, line 1b	o)			. 4		7
ΑĦ	5	Total number of	individuals employed in	n calendar year 2019	(Part V, line 2a)				. 5		25
Vcti	6	Total number of	volunteers (estimate if	necessary)					. 6		35
_	7a	Total unrelated b	business revenue from	Part VIII, column (C), line 12				. 7a		0
	b	Net unrelated bu	usiness taxable income	from Form 990-T, li	ne 39	~			. 7b		0
								Prior Year	r	Cur	rent Year
	8	Contributions and	d grants (Part VIII, line	1h)				73	2,060		739,970
ine	9	Program service	e revenue (Part VIII, line	e 2g)							0
Revenue	10		me (Part VIII, column (A						3		0
Re	11	Other revenue (F	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10d	c, and 11e)				91		140
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII	, column (A), line 12	2)		73	2,154		740,110
	13	Grants and simila	ar amounts paid (Part	IX, column (A), lines	1-3)						0
	14	Benefits paid to	or for members (Part I)	X, column (A), line 4)						0
	15	Salaries, other o	ompensation, employee	e benefits (Part IX, c	olumn (A), lines 5-1	0)		58	5,555		604,152
Expenses	16a	Professional fun	draising fees (Part IX,	column (A), line 11e)						0
ber	b	Total fundraising	g expenses (Part IX, co	lumn (D), line 25)	•	C)				
Щ	17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24e	e)			16	8,922		125,823
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colun	nn (A), line 25) .			75	4,477		729,975
	19	Revenue less ex	penses. Subtract line	18 from line 12				(2	2,323)		10,135
ō	Sec		101.				Begi	inning of Cur	rent Year	End	l of Year
Net Assets or	20	Total assets (Pa	rt X, line 16)					12	9,104		144,915
Ass	21	Total liabilities (F	Part X, line 26)					11	3,841		119,517
Š	22	Net assets or fur	nd balances. Subtract	line 21 from line 20				1	5,263		25,398
Pa	art II	Signature	Block								
			that I have examined this retu					wledge and be	elief, it is		
liue	s, correct, a	and complete. Declarat	tion of preparer (other than off	icer) is based on all illion	ation of which preparer if	as any knowledge	••				
		WILLIAM	4 FURR								
Sig	gn	Signature of o	officer						Date	Э	
He	re	WILLIAM	M FURR, PRESIDE	NT							
		Type or print	name and title								
	,	Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN	
Ра	id	A.J. GROS	S C.P.A., E.A.	A.J. GROSS C	.P.A., E.A.	08-03-2	021	self-en	mployed	P0076	32520
	eparer		The ALG	•	<u> </u>			Firm's EIN			
	e Only			t Lansing Dr	Ste 222			Phone no.			
	,			sing MI 4882]		517-7	14-496	5
May	the IRS	S discuss this retu	ım with the preparer sh								Yes No

Part IV

38-2590266

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," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III....... 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13 X 14a X 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 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or х

38-2590266 Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I. 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2........ 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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	0		
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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? $\dots \dots \dots$	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

DOMESTIC AND SEXUAL ABUSE SERVICES

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		
O	the year by the following:			
•	The governing body?	90	77	
a h		8a	X	
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			
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
			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	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
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	Х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Michigan			
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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
.5	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			
~~	etate the harme, addresse, and telephone harmser of the person who pessesses the digalizations books and records			

KRISTA DEBOER (269)279-5122, 612 FOURTH ST, THREE RIVERS, MI 49093

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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.

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

Check this box if neither the organization nor any relation	ed organizat	ion co	mper	nsat	ed a	ny curr	ent	officer, director, or	trustee.	
					(C)					
(A)	(B)	<i>.</i>			sition			(D)	(E)	(F)
Name and title	Average hours per week	box	, unles	ss per	rson is	han one s both an r/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) WILLIAM FURR	(9	•				_	_	
PRESIDENT	_	Х		X				0	0	0
(2) DAN MOYLE		x		х				0	0	0
(3) SARAH CULTON										
SECRETARY	7	х		х				0	0	0
(4) KIMBERLEE BONTRAGER										
TREASURER		х		Х				0	0	0
(5) NED HAYLETT										
DIRECTOR		Х						0	0	0
(6) SEAN PETERSON										
DIRECTOR		Х						0	0	0
(7) STEVEN GRINNEWALD										
DIRECTOR		Х						0	0	0
(8) KRISTA DEBOEREXECUTIVE DIRECTOR				x				0	0	0
(9) ROSE LUDWICK								-		-
FORMER EXECUTIVE DIRECTOR				х				51,500	0	0
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form **990** (2019)

(4) Name and title Averages per week (early per week) (e	Part	VII Section A. Officers, Directors, Trustee	55, IVEY LIII	loyee	3, ai		(C)	031 00	,p	ensateu Employe	es (continued				
(15) (16) (17) (19) (19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20)			Average hours	box,	, unle	eck m ss pe	nore t rson i	e than one n is both an		Reportable compensation from the	Reportable compensation from related organizations		con	ated am of other npensat	r
(17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			C)	orgar	nization	
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (24) (25) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (24) (25) (27) (27) (27) (27) (27) (27) (27) (27	<u>(15)</u>											1			
(18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(16)</u>										(7		
(20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited for those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization is any former efficer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes, complete Schedule J for such individual 3 x x 4 For any individual listed on line 1a; is the sum or reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 x 5 Did any person lised on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services, sendered to the organization? If "Yes," complete Schedule J for such person 5 x X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization or individual for services, sendered to the organization. Report compensation from the organization or individual for services pendered to the organization. Report compensation from the organization of the calendar year ending with or within the organization's tax year. (a) (b) (c) Name and business address Compensation	<u>(17)</u>										0				
(20) (21) (22) (23) (24) (25) (25) (26) (27)	(18))				
(21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Tomplete that stable for your five highest compensated independent contractors that received more than \$100,000 of tomplete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation	<u>(19)</u>														
(23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	(20)								4	0					
(24) (25) 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total from continuation sheets to Part VII, Section A 2 Total form continuation sheets to Part VII, Section A 3 Did the organization from the organization Former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation	(21)														
249 255	(22)						C		J						
1b Subtotal	(23)						7								
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	(24)				\										
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25))										
d Total (add lines 1b and 1c)															
reportable compensation from the organization reports and the organization of the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual side on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									- 1	51,500		0			0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			isted a	bove	e) wl	ho re	eceive	d mo	ore than \$100,000	of				(
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		+ (1												Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3												3		x
individual	4														Λ
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													_		
for services rendered to the organization? If "Yes," complete Schedule J for such person	5												4		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation	ŭ		•		-			-					5		х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation Compensation	Secti														
(A) Name and business address Description of services Compensation	1											ear			
Name and business address Description of services Compensation			ochsation for	tric car	Crici	ai ye	Jai C	nuing	VVILII		iizations tax y	cai.	(C)		
2 Total number of independent contractors (including but not limited to those listed above) who		Name and business address	ss							Description of service	es	Cor	mpens	ation	
2 Total number of independent contractors (including but not limited to those listed above) who	-														
2 Total number of independent contractors (including but not limited to those listed above) who															
2 Total number of independent contractors (including but not limited to those listed above) who															
		Total number of independent contractors (including	a hut not lim	ited to	thos	ا م	ted.	ahove) wh	<u> </u>					

38-2590266

Form 990 (2019) DOMESTIC A
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	ote 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
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1a 1b 1c 1d 1e	40,856 9,518 583,345 106,251				sections 312-314
Contr and O		lines 1a-1f	1g		720 070			4
	h	Total. Add lines 1a-1f	• •	Business Code	739,970		~	,
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f				0		
	4 5	Investment income (including dividends, interedither similar amounts)	roce	eeds▶	S			
	b c	Less: rental expenses 6b Rental income or (loss) Net rental income or (loss))			
Revenue	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		(ii) Other				
Other Re	8a b	Net gain or (loss)	8a 8b	3,259				
	9a b	Net income or (loss) from fundraising events Gross income from gaming activities, See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	9a 9b					
	b	Gross sales of inventory, less returns and allowances	10a 10b					
Miscellanous Revenue	b c	OTHER INCOME All other revenue		Business Code 9 0 0 0 9 9	140	140		
Σ		Total. Add lines 11a-11d			140			
		Total revenue. See instructions			740,110	140	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and Fundraising 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 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 6,695 51,500 44,805 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 426,044 61,895 487,939 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits 24,845 22,577 2,268 10 34,685 39,868 5,183 Fees for services (nonemployees): 11 Legal...... b 5,100 5,100 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.) 12 Advertising and promotion 510 510 13 Office expenses 30,931 22,869 8,062 14 Information technology . . . 15 Royalties 9,901 16 11,459 21,360 17 15,460 1,531 16,991 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,496 1,297 199 20 726 726 Payments to affiliates 21 22 Depreciation, depletion, and amortization 3,442 3,442 23 7,563 5,970 1,593 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) DONATED MATERIALS 25,322 25,322 b SHELTER SUPPLIES 2,511 2,141 370 6,713 c SUBSCRIPTIONS 7,438 725 d SPECIFIC ASSISTANCE 911 851 60 е All other expenses 1,522 1,479 43 Total functional expenses. Add lines 1 through 24e. . 114,291 25 729,975 615,684 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | if following SOP 98-2 (ASC 958-720) . . .

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	50,225	1	85,419
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	57,542	4	41,601
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			4
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
m	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	<i>J</i> •
	10a	Land, buildings, and equipment: cost or other		1	
		basis. Complete Part VI of Schedule D 10a 170,055		J	~
	b	Less: accumulated depreciation 10b 152,160	21,337	10c	17,895
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	129,104	16	144,915
	17	Accounts payable and accrued expenses	43,403	17	43,780
	18	Grants payable		18	
	19	Deferred revenue	70,438	19	25,737
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	50,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	113,841	26	119,517
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
S		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	13,640	27	23,845
3ala	28	Net assets with donor restrictions	1,623	28	1,553
nd E		Organizations that do not follow FASB ASC 958, check here ▶			
Ful		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	15,263	32	25,398
	33	Total liabilities and net assets/fund balances	129,104	33	144,915

EEA

Form **990** (2019)

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Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		740,	110
2	Total expenses (must equal Part IX, column (A), line 25)		729,	975
3	Revenue less expenses. Subtract line 2 from line 1		10,	135
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		15,	263
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	6		
	32, column (B))	\	25,	398
Pai	rt XII Financial Statements and Reporting	1		
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		
		Form	aan /	2010)

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2019

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

DOM	EST	IC AND SEXUAL ABUSE SERV	ICES				38-2590266	5			
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instructions				
The	orgai	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check only	y one box.)					
1		A church, convention of churches, or	association of chu	rches described in sect i	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	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).					
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the				
		hospital's name, city, and state:						4			
5		An organization operated for the bene	efit of a college or u	iniversity 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 section	170(b)(1)	(A)(v).		\)			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described in section 170(b)(1)(A)(vi		,			-()				
8	님	A community trust described in secti						*			
9	Ш	An agricultural research organization				1		je			
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or				
		university:	(4) # 00	4/00/ 5:1			11.6				
10	Ш	An organization that normally received									
		receipts from activities related to its e									
		support from gross investment income			_		rom businesses				
		acquired by the organization after Ju			. "	-					
11	H	An organization organized and opera	•		- 1·						
12	Ш	An organization organized and operat	•								
		of one or more publicly supported org		4000							
	•	Check the box in lines 12a through 12						-			
	а	Type I. A supporting organization the supported organization(s) the				-		ig			
		supporting organization. You mu			ity or trie c	illectors or	trustees of the				
	b	Type II. A supporting organization	•		th ite eunr	orted oraș	enization(s) by having				
		control or management of the sup				-	. ,				
		organization(s). You must comp			COND that v	30111101 01 1	nanago ino capportoa				
	С	Type III functionally integrated			nection w	ith and fu	nctionally integrated wi	th			
	•	its supported organization(s) (see	'					,			
	d	☐ Type III non-functionally integr						n(s)			
		that is not functionally integrated.						()			
		requirement (see instructions). Y	, -								
	е	Check this box if the organization					Type II, Type III				
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.						
	f	Enter the number of supported organ	zations								
	g	Provide the following information about	ut the supported or	ganization(s).							
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)			
				, , , , , , , , , , , , , , , , , , , ,		I	,	,			
					Yes	No					
(A)											
(B)											
(C)											
(C)											
(D)											
											
(E)											
Tota							l l				

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

	ction A. Public Support						
Cal	lendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	549,485	607,029	694,461	732,060	739,970	3,323,005
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					4	
3	The value of services or facilities						\
	furnished by a governmental unit to the						4
	organization without charge						
4	Total. Add lines 1 through 3	549,485	607,029	694,461	732,060	739,970	3,323,005
5	The portion of total contributions by						
	each person (other than a					\bigcup	
	governmental unit or publicly				(1		
	supported organization) included on					7	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			- (3,323,005
Se	ction B. Total Support			4			
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	549,485	607,029	694,461	732,060	739,970	3,323,005
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	1					
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	+ 60					
	loss from the sale of capital assets						
	(Explain in Part VI.)	4,865	1,668	4,101	91	140	10,865
11	Total support. Add lines 7 through 10	7					3,333,870
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)(3)
	organization, check this box and stop here						▶□
Se	ction C. Computation of Public Suppor	t Percentage)				
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, c	column (f))		14	99.67 %
15	Public support percentage from 2018 Sched	ule A, Part II, lir	ne 14			15	99.46 %
16a	a 33 1/3% support test - 2019. If the organiza	tion did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualifie	es as a publicly	supported org	anization			> x
ŀ	o 33 1/3% support test - 2018. If the organiza	tion did not che	eck a box on lir	ne 13 or 16a, a	and line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	l organization .			▶ □
17a	a 10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets t	he "facts-and-c	ircumstances"	test, check thi	is box and sto	p here. Explain	in
	Part VI how the organization meets the "facts	s-and-circumsta	ances" test. Th	e organization	qualifies as a	publicly suppor	rted
	organization						▶ □
ŀ	o 10%-facts-and-circumstances test - 2018.	If the organiza	tion did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, and I	ine
	15 is 10% or more, and if the organization m	eets the "facts-	and-circumsta	nces" test, che	ck this box an	d stop here.	
	Explain in Part VI how the organization meet	s the "facts-and	d-circumstance	es" test. The or	ganization qua	alifies as a publ	icly
	supported organization						▶ □
18	Private foundation. If the organization did n	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check thi	is box and see	
	instructions						▶ □

EEA

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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) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					4	
	unrelated trade or business under section 513.						\
4	Tax revenues levied for the						4
	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					\bigcup	
	organization without charge						
6	Total. Add lines 1 through 5					7	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			- 0			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			1 1.			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			\sim			
_	line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		4				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1,60					
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses	,					
_	acquired after June 30, 1975	<u> </u>					
	Net income from unrelated business	~					
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12							
14	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	∟ raanization's fi	rst second thi	rd fourth or fif	th tay vear as:	a section 501/c	·)(3)
	organization, check this box and stop here	-			-	•	, , ,
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Sched					16	
	ction D. Computation of Investment In					1 1	
	-			ine 13. column	(f))	17	%
						18	
	19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
~	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	_	-	-	-	•	_

Part IV Support

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer (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.
 - 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.)

		V	NI-
		Yes	No
	1		
1	2		
-	20		
•	3a		
)	3		
	3b		
~			
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		-
	5c		
	6		
	7		
	8		
	J		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
A (Fo	rm 990	or 990-E	Z) 2019

Part IV

Section F	Type III	Functionally	Integrated 5	Supporting	Organizations
Jechon L.	IVDEIII	i ulicuolialiv	IIIILE UI ALE U	JUDDUI IIIIU	Oruanizations

-				-
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			

- of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

2b

instructions).

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organize	ation	s must complete Section	s A through E.
200	tion A. Adjusted Not Income		(A) Drier Veer	(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			
CO	llection of gross income or for management, conservation, or			4
ma	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		7
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
200	tion B - Minimum Asset Amount		(A) Drier Voor	(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			~
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	nctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			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		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		
7	Check here if the current year is the organization's first as a non-functionally	intea	rated Type III supporting	organization (see

EEA Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	zations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	4
	(provide details in Part VI). See instructions.			. \
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		4	
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018	\sim		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	/		
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			

d Excess from 2018e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	4
	-0,
	C_{0}^{X}
	.:.C)
	10/10

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

2019

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2013

Employer identification number

OMB No. 1545-0047

DOMESTIC AND SEXUAL ABUSE SERVICES 38-2590266 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

DOMESTIC AND SEXUAL ABUSE SERVICES

Employer identification number

38-2590266

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	MI COALITION TO END DOMESTIC AND SE 3893 OKEMOS RD OKEMOS, MI 48864	\$5,000	Person x Payroll Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4 UNITED WAY - CASS 2015 LAKEVIEW AVE SAINT JOSEPH, MI 49085	\$\$	Person Rayroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	LYONS INDUSTRIES 30000 M 62 W DOWAGIAC, MI 49047	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	OMNI COMMUNITY CREDIT UNION 3141 CAPITAL AVE SW BATTLE CREEK, MI 49015	\$13,980	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	DTE ENERGY FOUNDATION 17819 STOCKBRIDGE CHELSEA, MI 48118	\$6,200	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	MI DEPT HLTH & HUM SERV - MDSVPTB PO BOX 30037 LANSING, MI 48909	\$188,080	Person X Payroll Complete Part II for noncash contributions.)			

Name of organization

Employer identification number DOMESTIC AND SEXUAL ABUSE SERVICES 38-2590266

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	MI DEPT OF HLTH & HUM SERV - VOCA 2765 COMMERCE DR NW #230 ROCHESTER, MN 55901	\$315,684	Person				
(a) No.	(b) Name, address, and ZIP + 4 (b)	(c) Total contributions \$	(d) Type of contribution Person				
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_	5/1/2	\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DOM	ESTIC AND SEXUAL ABUSE SERVICES		38-2590266			
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	unts.			
	Complete if the organization answered "Yes" on					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	()	V			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		A			
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor advised				
3	funds are the organization's property, subject to the organization		∏ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor adv					
0	only for charitable purposes and not for the benefit of the donor					
	· ·	• • • •				
Do	conferring impermissible private benefit?		Yes L No			
Га		Form 000 Port IV line 7)			
	Complete if the organization answered "Yes" or		\mathcal{I}			
1	Purpose(s) of conservation easements held by the organizatio	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area			
	Protection of natural habitat	☐ Preservation of	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а						
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic struc	ture included in (a)	. 2c			
d	Number of conservation easements included in (c) acquired af					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the			
	tax year					
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it h	olds?				
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservati	on easements during the year			
	•					
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	easements during the year			
	▶\$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	1)(B)(i)			
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •				
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnote					
	organization's accounting for conservation easements.	-				
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.			
	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 958		palance 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 finance		•			
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of			
-	art, historical treasures, or other similar assets held for public e	•				
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X					
2			<u> </u>			
2	If the organization received or held works of art, historical treas		ii, provide tile			
_	following amounts required to be reported under FASB ASC 9	-	, A			
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		▶ \$			

Pai	rt III Organizations Maintaining	Collections of	Art, His	torical	Treasures,	or Oth	ner Similar A	ssets (c	ontinu	ıed)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange p	orograms	3			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they f	urther the	organization's	exempt	purpose in Part			
	XIII.	·	•		-					
5	During the year, did the organization solicit or	receive donations of	art. histori	cal treasu	res. or other si	milar				
	assets to be sold to raise funds rather than to							. Ye	s \square	No
Pai	t IV Escrow and Custodial Arra			<u> </u>						
	Complete if the organization a	•	on Form	n 990, Pa	art IV, line 9	9, or re	ported an am	ount on I	-orm	
1a	Is the organization an agent, trustee, custodial	n or other intermedia	ry for contr	ibutions or	other assets	not	-			
			-					Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table	e:) ~		
		·	Ü				At	mount		
С	Beginning balance					. 1c		-		
d	Additions during the year					. 1d	1			
е	Distributions during the year					100	,			
f	Ending balance									
2a	Did the organization include an amount on Fo					·		. Ye	s \Box	No
b	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds.	Oncor nord if the ox	old lid lid li li	ido boon p	TOVIGOG OTT G				<u>- </u>	
1 41	Complete if the organization	answered "Yes"	on Form	990 P	art IV line	10				
	Complete il alle el gallizationi	(a) Current year		ior year	(c) Two years		(d) Three years back	(a) Fou	r years ba	ack
1a	Beginning of year balance	(a) Current year	(5) 111	ioi yeai	(c) Two years	Dack	(u) Thice years back	(6) 1 00	ycars be	ack
b	Contributions			Ca						
	Net investment earnings, gains, and		-	\mathcal{I}						
С		4		1-						
اء	losses	1	√	/						
a	Grants or scholarships			,						
е	Other expenditures for facilities and		3							
	programs									
f	Administrative expenses	1, 60								
g	End of year balance									
2	Provide the estimated percentage of the curre		(line 1g, co	olumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b		6								
С	Term endowment ▶ %	~								
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that ar	e held and	administered	for the				
	organization by:								Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	edule R?.				. 3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment fund	ds.						
Pai	rt VI Land, Buildings, and Equip	ment.								
	Complete if the organization a	answered "Yes"	on Form	n 990, Pa	art IV, line	11a. Se	ee Form 990,	Part X, li	ne 10).
	Description of property	(a) Cost or oth			or other basis		ccumulated	(d) Boo		
	▼	(investme		' '	other)	. ,	preciation			
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment				170,055		152,160		17,8	395
e		•			_,0,000		102,100		-,,	
_	Other		rt X colum	n (R) line	10c)				17,8	205
· Old	ii , wa iiiloo ta wiiloagii to. [Oolaliilii (a) Illast	oquari onin 330, i al	. A, COIUII	۱۱۱۰۰ , ر <i>ت</i> ا ، ۱۱۱۰۰		<u> </u>			<u> </u>	, , ,

Part VII	Investments - Other Securities.	Form 000 Port IV line	a 11h San Form 000 Bort V line 12
	Complete if the organization answered "Yes" on I		e 11b. See Form 990, Part A, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests	•	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(h) months and Farm 2000 Bart V and (D) line 400		4))
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•	\sim
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on I	Form 000 Part IV line	11c Soc Form 000 Part V line 13
	Complete if the organization answered fes on i	Form 990, Part IV, line	e 110. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cost of end-of-year market value
(1)			
(2)		. 0	4
(4)			,
(5)			
(6)			
(7)			
(8)		Co	
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)	160		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	+ (1		
(8)	110		
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.		
1. (1) Federal i		ook value	
	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(h) must equal Form 000 Port V and (B) line 05		
i Otal. (Coluinn	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		ncial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Par		econciliation of Revenue per Audited Financial Stateme complete if the organization answered "Yes" on Form 990, P	-	r Ret	urn.
_		<u> </u>		1	E01 010
1		e, gains, and other support per audited financial statements		1	791,310
2		uded on line 1 but not on Form 990, Part VIII, line 12:	0-		
a		• ` '	2a 51 000		
b			2b 51,200		
C		• • • • • • • • • • • • • • • • • • • •	2c 2d		
d e	,	ibe in Part XIII.)	<u> </u>	2e	F1 200
3		2e from line 1		3	51,200 740,110
4		uded on Form 990, Part VIII, line 12, but not on line 1:		3	740,110
- a			4a		4
a b		· —	4b		
С	•	and 4b	-	4c_	
5		e. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)		5	740,110
_		Reconciliation of Expenses per Audited Financial Staten		400.00	
ı aı		Complete if the organization answered "Yes" on Form 990, F		per	Neturn.
1		es and losses per audited financial statements		1	781,175
2		uded on line 1 but not on Form 990, Part IX, line 25:			701,175
a			2a 51,200		
b			2b		
c	•		2c		
d			2d		
е	,	through 2d		2e	51,200
3		2e from line 1		3	729,975
4		uded on Form 990, Part IX, line 25, but not on line 1:			
а			4a		
b			4b		
С	Add lines 4a	and 4b		4c	
5		es. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	729,975
Par	t XIII	Supplemental Information.			
Provi	de the descrip	tions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1b and 2b; Part V, line 4; P	art X,	line
2; Pa	rt XI, lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
01.	Footnote	for uncertain tax position under FIN 48 (Part X)		
		FION EVALUATES ALL SIGNIFICANT TAX POSITIONS UND			
DOES	NOT BEL	IEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD	REQUIRE THE RECORDI	NG C	OF ADDITIONAL TAX
OR I	ECREASE	WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION'S	S TAX RETURNS ARE S	UBJI	CT TO EXAMINATION
		PRIATE TAXING JURISDICTIONS. AT SEPTEMBER 30, 20	19, THE ORGANIZATIO	N'S	FEDERAL TAX
KETL	CENE	RALLY REMAIN OPEN FOR THE LAST THREE YEARS.			
	7				

EEA Schedule D (Form 990) 2019

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

DOMESTIC AND SEXUAL ABUSE SERVICES

Employer identification number

38-2590266

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	Method on noncash cor			
1	Art - Works of art			, ,		4		
2	Art - Historical treasures					1		
3	Art - Fractional interests					7		
4	Books and publications					7		
5	Clothing and household				7)	-		
·	goods	x		65 622	THRIFT ST	TOPE	37 A T.T	TE
6	Cars and other vehicles			03,022	IIIKII I D.	10111	V21110	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,			. (/)				
•••	or trust interests			30				
12	Securities - Miscellaneous							
13	Qualified conservation		4					
10	contribution - Historic							
	structures		Ca					
14	Qualified conservation			-				
17	contribution - Other		()					
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		()					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		7					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	4						
25	Other ► (7						
26	Other ► (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for				
	which the organization completed Form				29			
	()						Yes	No
30a	During the year, did the organization rece	eive by contri	bution any property reported in	Part I, lines 1 through				
	28, that it must hold for at least three yea	rs from the d	ate of the initial contribution, an	nd which isn't required				
	to be used for exempt purposes for the e	entire holding	period?			30a		х
b	If "Yes," describe the arrangement in Pa	rt II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?					31		х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
			-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun	nt in column	(c) for a type of property for whi	ich column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DOMESTIC AND SEXUAL ABUSE SERVICES 38-2590266 01. Form 990 governing body review (Part VI, line 11) FORM 990, PART VI, LINE 11B - ORGAINIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF DIRECTORS REVIEWS THE 990 AND THE AUDITED FINANCIAL STATEMENTS FOR ACCURACY COMPARABILITY. ONCE APPROVED BY THE BOARD, THE FORM 990 IS FILED WITH THE IRS 02. Conflict of interest policy compliance (Part VI, line 12c) FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS SIGN AN ANNUAL BOARD RENEWAL OF COMMITMENT FORM IN SEPTEMBER OF EACH YEAR THE FORM IS PLACED IN THEIR CONFIDENTIAL BOARD VOLUNTEER FILE 03. CEO, executive director, top management comp (Part line 15a) FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD REVIEWS AND APPROVES THE SALARY OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. COMPREHENSIVE PERFORMANCE EVALUATION IS PERFORMED BY THE VICE CHAIR WITH FULL BOARD INPUT AND GOALS ARE MUTUALLY DETERMINED FOR EACH FISCAL YEAR available to public (Part VI, line 19) 04. Governing documents, etc, LINE 19 -GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number DOMESTIC AND SEXUAL ABUSE SERVIC FORM 990 - 1 38-2590266 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1. . . . 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 3,442 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/I property 27.5 yrs. MM S/I Nonresidential real 39 yrs. MM S/L MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 3,442 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print DOMESTIC AND SEXUAL ABUSE SERVICES 38-2590266 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 612 FOURTH ST filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. THREE RIVERS, MI 49093 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Application Return

Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 5227 Form 990-PF 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12

• The	e books are in the care of ► KRISTA DEBOER, 612 FOURTH ST, THREE RIVERS, MI 49093	_	
Tel	ephone No.▶ 269-279-5122 FAX No. ▶		_
• If th	ne organization does not have an office or place of business in the United States, check this box		▶ □
• If th	is is for a Group Retum, enter the organization's four digit Group Exemption Number (GEN)	this is	
for the	whole group, check this box ▶ □ . If it is for part of the group, check this box ▶ □ and attac	h	
a list w	ith the names and TINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
;	any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
1	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$
Cautio	on: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Fo	orm 88	79-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.