See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SEXUAL ASSAULT CENTER OF NW GA, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 928

City or town, state or country, and ZIP + 4
ROME GA 30162-0928

D Employer identification number
58-2369415

E Telephone number
(706) 292-9024

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► WWW.SACNWGA.ORG

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 306,019.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	252,079.
	2	Program service revenue including government fees and contracts		2	51,549.
	3	Membership dues and assessments		3	
	4	Investment income		4	24.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 2,367.		
	b	Less direct expenses other than fundraising expenses	6b 5,150.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-2,783.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	300,869.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	132,379.
	13	Professional fees and other payments to independent contractors		13	6,825.
	14	Occupancy, rent, utilities, and maintenance		14	24,918.
	15	Printing, publications, postage, and shipping		15	751.
	16	Other expenses (describe ► See Other Expenses Statement)		16	90,629.
	17	**Total expenses.** Add lines 10 through 16 ►		17	255,502.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	45,367.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	29,666.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	75,033.

SCANNED AUG 2 4 2010

RECEIVED E2-633 AUG 2 2010 OGDEN, UT

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	26,066.	22	61,488.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	5,960.	24	13,545.
25	**Total assets**	32,026.	25	75,033.
26	**Total liabilities** (describe ► See L-26 Stmt)	2,360.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	29,666.	27	75,033.

9 G9

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SCHEDULE ATTACHED

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	SCHEDULE ATTACHED (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	28a	198,440.
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	198,440.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KIMBERLY DAVIS 115 GRAY ROCK DRIVE ROME GA 30165	EXECUTIVE DIRECTOR 40.00	6,923.	0.	
CHERYL BISHOP 323 EAST CHURCH STREET CARTERSVILLE GA 30120	PRESIDENT 2.00	0.	0.	
MIKE CLARK 135 EAST EIGHTH AVE ROME GA 30161	VICE PRESIDENT 2.00	0.	0.	
JANICE DAVIS 6 RIVERMONT DRIVE SW ROME GA 30165	TREASURER 2.00	0.	0.	
LIZ VARO 110 BRENTWOOD DRIVE ROME GA 30165	SECRETARY 2.00	0.	0.	
SUE BINGHAM 111 BROW RD SW ROME GA 30161	DIRECTOR 1.00	0.	0.	
FRANK BEACHAM PO BOX 5513 ROME GA 30162	DIRECTOR 1.00	0.	0.	
JAY MATTHEWS SCOTT LOGISTICS ROME GA 30165	DIRECTOR 1.00	0.	0.	
SAM BERRY 4 VIRGINIA CIRCLE SW ROME GA 30161	DIRECTOR 1.00	0.	0.	
STEPHANIE OWENS PO BOX 2207 ROME GA 30165	DIRECTOR 1.00	0.	0.	
RANDY TURNER 1676 A ROCKMART HWY CEDARTOWN GA 30125	DIRECTOR 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► Georgia			

42a The organization's books are in care of ► KIMBERLY DAVIS Telephone no. ► (706) 292-9024

Located at ► 2 COLONIAL DRIVE NW ROME GA ZIP + 4 ► 30165

			Yes	No
b	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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Kim Davis — Signature of officer — Date 7/28/10

► Kim Davis, Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	RALPH M HOWSE, JR, CPA	Date 07/28/10	Check if self-employed ► ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	HOWSE & RICE, CPAS, PC PO BOX 1423 ROME GA 30162-1423		Preparer's Identifying Number (See instructions) EIN ► Phone no ► (706) 232-3341

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

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.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SEXUAL ASSAULT CENTER OF NW GA, INC.	58-2369415

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	a family member of a person described in (i) above?		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	71,851.	118,516.	148,737.	175,692.	252,079.	766,875.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3	71,851.	118,516.	148,737.	175,692.	252,079.	766,875.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						766,875.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	71,851.	118,516.	148,737.	175,692.	252,079.	766,875.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	52.	28.	64.	540.	24.	708.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						767,583.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	99.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.88 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

About SAC NWGA

Our Mission

To facilitate healing for victims of sexual assault and their families through on-going crisis intervention services; to promote community awareness of the Center's services; to educate our students and community about the nature of sexual assault; and, to foster strong partnerships with all agencies involved in dealing with sexual assault.

Our History

In 1992, a task force called Rome Rape Response was formed to meet a recognized community need for services for survivors of sexual assault. The task force recruited and trained a group of volunteers to assist in answering a twenty-four hour crisis line operated by The Hospitality House, a center for battered women. However, without any funding for a full-time coordinator it was very challenging to schedule and supervise volunteers. After one year the efforts of this group diminished to only a few volunteers who continued to respond to crisis calls to the best of their abilities.

In 1995, a The Women's Information Network, a six-year old local non-profit organization dedicated to providing healthcare information for women, wrote a grant to the Criminal Justice Coordinating Council, and received funding in August of 1996. This money allowed for the re-establishment of sexual assault services with a part-time director, under the new name Rape Response of Rome (RRR). In February of 1997, RRR received additional grant funding from the Department of Human Resources, providing for a full-time director to coordinate the program.

In 1998, the agency separated from The Women's Information Network to become an independent, non-profit agency, and changed its name to The Sexual Assault Center of Northwest Georgia. This name better reflected the surrounding counties that SAC NW GA served, including Polk, Floyd, Gordon and Chattooga counties.

The Sexual Assault Nurse Examiner (SANE) Program was also started in 1998, with two nurses attending the week long state training in forensic evidence collection, clinical issues relating to sexual assault and the criminal justice system. Both of these nurses are still with us today and one is nationally certified by the International Association of Forensic Nurses.

In 1999, the SAC became the third rape crisis center in the state of Georgia to offer on-site forensic medical examinations. This service provides an alternative to the emergency room as a site for the exam.

In 2006, the center moved from its previous office space to a new house. This new and larger space has allowed the center to provide more programs and services as well as a more comfortable environment for survivors of sexual assault.

Since then, SAC has maintained each of it's funding sources and has a very active community Board of Directors. SAC also relies heavily on volunteers to assist in answering crisis hotline calls, accompaniment cases, fundraising events, and community outreach. The future work of The Sexual Assault Center of NW GA will continue to be providing supportive services for survivors of sexual assault.

Our Guiding Principles

The Sexual Assault Center is committed to

- Serving all survivors and those supportive of them at any time regardless of age, gender, race, sexual orientation, gender identity, income, ability, religion, or geography.
- Creating a safe, welcoming, and respectful environment for survivors and their families.
- Providing timely access to services and programs.
- Working to end the silence surrounding sexual violence.
- Educating our community to the realities of sexual violence and it's impact on the entire community.
- Foster strong partnerships with law enforcement, hospital staff, and criminal justice agencies.

THE SEXUAL ASSAULT CENTER OF NORTHWEST GEORGIA
FEI NUMBER: 58-2369415
DECEMBER 31, 2009

FORM 990-EZ, PAGE 2, PART III
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PRIMARY EXEMPT PURPOSE

THE MISSION OF THE SEXUAL ASSAULT CENTER OF NORTHWEST GEORGIA IS TO PROVIDE HEALING FOR SURVIVORS OF SEXUAL ASSAULT THROUGH CRISIS INTERVENTION SERVICES, TO PROMOTE PREVENTION OF SEXUAL ASSAULT THROUGH COMMUNITY EDUCATION, AND TO IMPROVE COMMUNITY RESPONSE TO SEXUAL ASSAULT SURVIVORS THROUGH TRAINING FOR AGENCY PROFESSIONALS INVOLVED IN HANDLING SEXUAL ASSAULT CASES.

ACHIEVEMENTS IN CARRYING OUT THE ORGANIZATION'S EXEMPT PURPOSES AND SERVICES PROVIDED

THE SEXUAL ASSAULT CENTER PROVIDED THE FOLLOWING SERVICES FOR RESIDENTS OF CHATTOOGA, FLOYD, GORDON, AND POLK COUNTIES.

24-HOUR CRISIS HOTLINE
24-HOUR HOSPITAL ACCOMPANIMENT
LEGAL ADVOCACY AND COURT ACCOMPANIMENT
REFERRALS TO COUNSELING
SUPPORT GROUP FOR SURVIVORS OF SEXUAL ASSAULT
PREVENTION EDUCATION PROGRAMS
SEXUAL ASSAULT RESPONSE TRAINING FOR AGENCIES
SEXUAL ASSAULT NURSE EXAMINER PROGRAM
VOLUNTEER PROGRAM
SERVICE IN SPANISH

ALL SERVICES ARE PROVIDED FREE OF CHARGE

EXPENSES RELATING TO ABOVE PROGRAM SERVICES TOTAL $194,440

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
SEXUAL ASSAULT CENTER OF NW GA, INC.	58-2369415

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable	5,960.	13,545.
Totals to Form 990-EZ, Part II, line 24	5,960.	13,545.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Payroll tax liabilities	2,360.	0.
Totals to Form 990-EZ, Part II, line 26	2,360.	0.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Advertising and marketing	10,437.
Bank fees	157.
Communication	1,315.
Depreciation	9,541.
Dues and subscriptions	713.
Equipment rental	3,258.
Insurance	3,405.
Interest expense	37.
Meeting meals	491.
Office supplies	6,572.
On site F/M exams	4,409.
Payroll processing	531.
Program expenses	14,396.
SANE fees	29,724.
Seminars	1,339.
Travel	4,234.
Website	70.
Total	90,629.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(if not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
Business [ ] Person [X] LEIGH BARRELL 421 FRED KELLY ROAD ROME GA 30161 Foreign city Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business [ ] Person [ ] MARTHA JACOBS 3 GOVERNMENT PLAZA SUITE 108 ROME GA 30161 Foreign city Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	