Form	990

Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

Q Open to Public

6

OMB No. 1545-0047

Inter	nal Reve	enue Servic	e Information	about Form 990 and its	instructions	is at www.irs.	.gov/fo	orm990.		Inspe		
A F	or th	e 2019	calendar year, or tax year begin	nning 10/	′01 , 2019,	and ending			09/	/30, 20 ₂₀)	
P			C Name of organization					D Employer id	entifica	ation number		
в с	heck if ap		VICTIM SERVICE CENTER	OF CENTRAL FLO	RIDA, IN	IC						
	Addre		Doing Business As					75-2978	3885			
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite	1	E Telephone n	umber			
	Initial	return	2111 E. MICHIGAN STRE	ET		210		(407) 25	4-94	415		
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen returr		ORLANDO, FL 32806					G Gross receip	ts \$	2,05	5,192.	
		cation F	Name and address of principal officer:	LUIGI G DAMIA	ANI JR.		1	H(a) Is this a grous subordinates		n for Ye	s X No	
			2111 E. MICHIGAN STRE	ET210, ORLANDO,	FL 3280)6		H(b) Are all subord		luded? Ye	s 🗌 No	
I	Tax-ex	empt stat	us: X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1) c	or 527		lf "No," attac	h a list.	(see instructions)	
J	Websi	ite: 🕨 🕅	WW.VICTIMSERVICECENTER	.COM			1	H(c) Group exem	ption nu	imber 🕨		
к	Form of	of organiz	ation: X Corporation Trust	Association Other		L Year of fe	ormatic	n: 2001 M	State c	of legal domici	le: FL	
Ρ	art I	Sum	mary					I				
		Briefly	describe the organization's mission o	r most significant activities	: TO PRO	VIDE IND	IVID	UALIZED	SERV	/ICES AN	D	
ė			URCES TO VICTIMS OF SEX									
and		CIRC	UMSTANCES, THROUGH CRIS	SIS RESPONSE, ADV	/OCACY, T	HERAPY,A	ND A	WARENESS				
Governance	2	Check t	this box ▶ if the organization d	liscontinued its operation	s or dispose	d of more than	25% 0	of its net asset	 3.			
ğ		Number	r of voting members of the governing	•	•				3		13.	
~			r of independent voting members of t						4		13.	
Activities &			umber of individuals employed in cal						5		30.	
ţ			umber of volunteers (estimate if neces						6		20.	
Ac	7a	Total ur	nrelated business revenue from Part V	(III column (C) line 12			• • •		7a		0	
			elated business taxable income from						7b		0	
				•••••••••••••••••••••••••••••••••••••••				Prior Year		Current	Year	
	8	Contrib	utions and grants (Part VIII, line 1h)			F		1,734,28	0.	1,9	52,077	
nue	9	Program	m service revenue (Part VIII, line 2g)			-			0.		0	
Revenue	-		nent income (Part VIII, column (A), line		PUBLIC IN	SPECTION		32,45	6.		15,078	
Å	11		evenue (Part VIII, column (A), lines 5,			-		106,65		86,51		
	12		evenue - add lines 8 through 11 (mus		1,873,39							
	13		and similar amounts paid (Part IX, col	· · ·	, ,				0.		0	
	14		s paid to or for members (Part IX, colu						0.		0	
ú	4.5		s, other compensation, employee ben					1,283,67	4.	1,2	38,230	
Expenses	16a		sional fundraising fees (Part IX, columr						0.		0	
ber	b		Indraising expenses (Part IX, column (
ш	17		expenses (Part IX, column (A), lines 11					521,45	6.	6	05,485	
	18	Total ex	xpenses. Add lines 13-17 (must equal	Part IX column (A) line 2	· · · · · · · · · · · · · · · · · · ·	••••+		1,805,13			43,715	
			ie less expenses. Subtract line 18 from					68,26			, 09 , 952	
es		rtovona			<u></u>		Beginn	ing of Current		End of Y		
Net Assets or Fund Balances	20	Total as	ssets (Part X, line 16)			-		1,250,41	0.	1,52	24,222	
Ass Bal	21	Total lia	abilities (Part X, line 26)			•••••		64,81			28,673	
Vet	22		sets or fund balances. Subtract line 21					1,185,59			, 95,549	
	rt II		nature Block		<u></u>			, ,				
			perjury, I declare that I have examined th	is return, including accompa	anvina schedu	les and stateme	ents. an	d to the best of	mv kr	nowledge and	belief, it is	
true	e, corre	ect, and co	omplete. Declaration of preparer (other that	n officer) is based on all infor	mátion of whic	h preparer has a	any kno	wledge.		0		
								02/0	9/20)21		
Sig			ignature of officer					Date		·		
Не	re		UIGI G DAMIANI JR.		EXECUT	IVE DIRE	CTOR					
		I D -	ype or print name and title				0101					
			ype preparer's name	Preparer's signature		Date		Check	if P	TIN		
Paio	ł	'	A HALLUSKA CPA	ERIK A HALLUSKA	A CPA	02/15/	2021			P0195417	2	
Pre	parer					02/10/				2027092		
Use	Only			•	2400					-849-156	9	
Mai	/ the II		address 200 S ORANGE AVE., STE 1 uss this return with the preparer show					Helle Hel	107			
_			eduction Act Notice, see the separat						<u></u>		90 (2019)	
FOL	гаре	IWURKK	euuulion All Nolice, see the separa	ເຮ ກາວແມບເປບກວ.						rorm 🔊	JU (2019)	

Fc	rm 990 (2019) Page 2
F	Part III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE INDIVIDUALIZED SERVICES AND RESOURCES TO VICTIMS OF SEXUAL
	ASSAULT, VIOLENT CRIME, AND TRAUMATIC CIRCUMSTANCES, THROUGH CRISIS
	RESPONSE, ADVOCACY, THERAPY, AND AWARENESS.
2	Did the organization undertake any significant program services during the year which were not listed on the

2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	services?	Yes	X No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	1,012,945. including grants of \$) (Revenue \$)
	ATTACHMENT	1			

4b	(Code:) (Expenses \$	167,487. including	grants of \$) (Revenue \$)
	THE VSC IS THE	E ONLY AGENCY	CERTIFIED BY '	THE FLORIDA	COUNCIL		
	AGAINST SEXUAI	UIOLENCE (F	CASV) AS A RAP	E CRISIS CEN	NTER IN B	ОТН	
	ORANGE AND OSC	CEOLA COUNTIE	ES. VSC OPERATE	S TWO STAND	-ALONE		
	CONFIDENTIAL F	FORENSIC EXAN	A SITES. SERVIC	ES OFFERED :	INCLUDE:		
	FORENSIC EVIDE	ENCE COLLECT	ION FOR THE INV	ESTIGATION/	PROSECUTI	ON OF	
	CRIMINAL CASES	3 BY SPECIALI	LY TRAINED SEXU	AL ASSAULT 1	NURSE EXA	MINERS	
	(SANES); MEDIC	CAL INTERVENT	TION; AND REFER	RALS FOR PRO	OPHYLACTI	С	
	MEDICATIONS. 1	THESE SERVICE	ES ARE PROVIDED	UP TO 120 1	HOURS		
	POST-VICTIMIZA	ATION, FOR SE	EXUAL ASSAULT V	ICTIMS AGES	12 AND U	P,	
	24-HOURS A DAY	7/7 DAYS A WE	CEK/365 DAYS A	YEAR.			

4c	(Code:) (Expenses \$	454,587. including gra	nts of \$) (Revenue \$)	
	THE VSC	PRIORITIZES COMPRE	CHENSIVE OUTREACH,	EDUCATION,	AND		
	COMMUNI	FY AWARENESS TO NOT	ONLY REACH POTEN	FIAL CLIENT	S, BUT TO		
	ALSO PRI	EVENT VIOLENCE IN (OUR COMMUNITY. VSC	PARTICIPAT	ES IN SAFETY		
	FAIRS, 1	PROVIDES PUBLIC PRE	SENTATIONS AND TRA	AININGS, AN	D REACHES		
	CITIZENS	S THROUGH MEDIA OUT	CLETS. THERE IS A (CONCENTRATI	ON ON		
	UNDERSE	RVED POPULATIONS IN	I THE COMMUNITY, S	JCH AS THE	HOMELESS,		
	MALES, S	SPANISH SPEAKING RE	CSIDENTS, MILITARY	, COLLEGE-A	GED STUDENTS		
	AND THE	LGBTQ COMMUNITIES.					
							-

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$

 4e Total program service expenses ▶ 1,635,019.

) (Revenue \$

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
-	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
U	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
h	<i>complete Schedule D, Part VI</i>	11a	Х	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.7	
	Schedule D, Parts XI and XII.	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part	V 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 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 of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u> </u>
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t 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 30			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
	Enter the amount of reserves on hand			3.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			17
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.	16		X

Form	990	(2019)
	000	(2010)

VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC

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		-			1																										
		Chec	k if S	Sch	edu	le O	cor	tains	sar	espo	ns	e or	note	to a	ny line	e in th	nis F	Part VI												.	Х
		respo	onse	to I	ine	8a,	8b,	or 10)b b	elow	, d	lescri	ibe tl	he ci	ircum	stanc	es,	processe	es,	or c	han	ges	on	Sch	edi	ule C). S	ee ir	stru	ıctio	ons.
ł	art VI	Gov	erna	nce	e, r	vian	age	mer	nt, a	and	DI	SCIO	sure	e ⊢o	r eac	h "Ye	es"	response	to to	line	es 2	th.	roug	gh /	'b	belo	W,	and	tor	a '	'Noʻ

Sect	ION A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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, 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		Х
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,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	v	
а	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		х
_	with a taxable entity during the year?	16a		
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		
Sact	ion C. Disclosure	100		L
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{\text{FL}}^{\text{FL}}$			
17				
		(8	tion F	01/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	601(c)

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¹⁹ Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

²⁰ State the name, address, and telephone number of the person who possesses the organization's books and records ► ROBERT BUTCHER 2111 E. MICHIGAN STREET SUITE 210 ORLANDO, FL 32806 407-254-9415

75-2978885

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Part VII	Compensation	ot	Officers,	Directors,	i rustees,	ĸey	Employees,	Hignest	Compensated	Employees,	anc
	Independent Co	ntra	actors								
		-									

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

*(***^**)

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)LUIGI G. DAMIANI JR.	40.00									
EXECUTIVE DIRECTOR	0.	X		Х				97,801.	0.	25,000.
(2) ADELA HATHAWAY	1.00									
SECRETARY & FUNDRAISING	0.	Х		Х				Ο.	0.	0.
(3) AMY BOSLEY	1.00									
CHAIRPERSON	0.	Х		Х				Ο.	0.	0.
(4) SONIA NARVAEZ	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5) ALLEN JOHNSON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6) LAURA OWENS	1.00									
BOARD MEMBER	0.	Х		Х				0.	0.	0.
(7) SAM AZAR	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) DEREK BRUCE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)A.J. STANTON	1.00									
VICE-CHAIRPERSON	0.	Х						0.	0.	0.
(10) CRAIG SWYGERT	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ^{MONIQUE} YEAGER	1.00									
BOARD MEMBER	0.	Х		Х				0.	0.	0.
(12) BOBBIE BRINKERHOFF	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) AMY DEYOUNG	1.00							_	-	_
BOARD MEMBER	0.	Х						0.	0.	0.
(14) STEPHEN GARRISON	1.00								2	
GOVERNANCE COMMITTEE CHAIR	0.	Х		Х				0.	0.	<u> </u>

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VICTIM	SERVICE	CENI	ER	OF	C	ENTF	RAL	FLORIDA, INC	75-2978	885
))										Page 8
Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es,	and I	ligl	nest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	more rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	+									

	+						
1b Sub-total				◀	97,801.	0.	25,000.
c Total from continuation sheets to Part VII, S	ection A	 	 		0.	0.	0.
d Total (add lines 1b and 1c)					97,801.	0.	25,000.

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 **>** Ο.

			Yes	No			
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated						
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х			
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	4		Х			
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		Х			
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	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization \triangleright 0.		

Form 990 (2019) Part VII

Form	990 (2	2019) VICTIM SI	ERVICE CENTER	OF CENTRAL E	FLORIDA, INC	75-29788	85 Page 9
Pai	rt VII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to an	-			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1	a				
irar	b	Membership dues 1	b				
ي Ag	с	Fundraising events 1	c				
ar	d	Related organizations 1	d				
s, C	е	Government grants (contributions) 1	e 1,830,515.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1	f 121,562.				
d Of	g	Noncash contributions included in lines 1a-1f	g \$				
anco	h	Total . Add lines 1a-1f		1,952,077.			
			Business Code				
e	2a						
evi	b						
s Se	c						
ran	d						
Program Service Revenue	е						
đ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividend					
		other similar amounts)		15,078.			15,078.
	4 5	Income from investment of tax-exempt b Royalties		0.			
		(i) Real	(ii) Personal	0.			
	6a	Gross rents 6a 15,7					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c 15,7	67.				
	d	Net rental income or (loss)		15,767.			
	7a	Gross amount from (i) Securitie	s (ii) Other				
		sales of assets					
		other than inventory 7a					
iue	b	Less: cost or other basis					
ven		and sales expenses 7b					
Re		Gain or (loss)		0.			
Other Reven	d	Net gain or (loss)		0.			
Ē	8a	Gross income from fundraising					
		events (not including \$ of contributions reported on line					
			8a 72,270.				
	b	,	8b 1,525.				
	с	Net income or (loss) from fundraising eve	ents 🕨	70,745.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a 0.				
	b c	Less: direct expenses	9b 0. ies►	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	0b 0.				
	c	Net income or (loss) from sales of inventor	<u>y ▶</u>	0.			
ns			Business Code				
Jeol ue	11a		_				
llaı ven	b		_				
Miscellaneous Revenue	C d						
Ϊ	d	All other revenue		0.			
	<u>е</u> 12	Total revenue. See instructions		2,053,667.			15,078.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations	0.			
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22	•••			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0.			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	•••			
5 Compensation of current officers, directors,	124,016.	93,012.	18,602.	12,402.
trustees, and key employees	124,010.	93,012.	10,002.	12,402.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	0			
persons described in section 4958(c)(3)(B)	0.	704 705	(7,020	10 050
7 Other salaries and wages	871,793.	784,795.	67,939.	19,059.
8 Pension plan accruals and contributions (include	140 677		10 001	4
section 401(k) and 403(b) employer contributions)	148,677.	131,059.	12,921.	4,697.
9 Other employee benefits	0.			
10 Payroll taxes	93,744.	82,635.	8,147.	2,962.
11 Fees for services (nonemployees):	_			
a Management	0.			
b Legal	0.			
c Accounting	16,380.		16,380.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.).	75,134.	59 , 704.	15,430.	
12 Advertising and promotion	17,901.	16,808.	983.	110.
13 Office expenses	46,389.	39,192.	6,764.	433.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	87,829.	77,289.	7,905.	2,635.
17 Travel	7,411.	7,054.	357.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	7,406.	5,778.	1,628.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,119.	9,784.	1,001.	334.
23 Insurance	18,764.	16,776.	1,890.	98.
24 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.)				
aREPAIRS AND MAINTENANCE	31,497.	25,478.	3,019.	3,000.
bCONTRACT THERAPIST SERVICES	173,100.	173,100.		
cSEXUAL ASSAULT NURSE EXMNRS	112,555.	112,555.		
		±±2,000.		
e All other expenses	1,843,715.	1,635,019.	162,966.	45,730.
25 Total functional expenses. Add lines 1 through 24e26 Joint costs. Complete this line only if the	±,040,/±0.	1,000,019.	102,900.	-10,730.
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	0.			
J	5.			

VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC 75-2978885

Forn	n 990 (Page 11
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	518,766.	1	671,269.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	257,040.	3	323,400.
	4	Accounts receivable, net	0.	4	0.
	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
∢	9	Prepaid expenses and deferred chargesATCH.2	7,048.	9	17,537.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 176, 928.			
	b	Less: accumulated depreciation	40,094.		60,756.
	11	Investments - publicly traded securities	424,457.	11	442,755.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	3,005.	15	8,505.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,250,410.	16	1,524,222.
	17	Accounts payable and accrued expenses	64,813.	17	101,673.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to any current or former officer, director,			
ilit		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	27,000.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0
				25	0. 128,673.
	26	Total liabilities. Add lines 17 through 25.	64,813.	26	128,073.
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,185,597.	27	1,395,549.
Б	28	Net assets with donor restrictions.	0.	28	0.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
õ	29	Capital stock or trust principal, or current funds		29	
šet	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	1,185,597.	32	1,395,549.
z	33	Total liabilities and net assets/fund balances	1,250,410.	33	1,524,222.

VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC 75-2978885

a) Net unrealized gains (ussels) on investments b) Diated services and use of facilities c) Investment expenses c) Investment expenses c) Other changes in net assets or fund balances (explain on Schedule O). c) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). c) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). c) Check if Schedule O contains a response or note to any line in this Part XII. c) The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. c) The organization's financial statements compiled or reviewed by an independent accountant?. if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b) Were the organization's financial statements audited by an independent accountant? 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: if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b) Were the organization is financial statements and selection of an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c) Were the organization of its financial	Form 99	90 (2019)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,053,667 2 Total expenses (must equal Part IX, column (A), line 25) 1,843,715 3 Revenue less expenses. Subtract line 2 from line 1 3 209,952 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,185,597 5 Net unrealized gains (losses) on investments 5 0 6 Donated services and use of facilities 5 0 7 0 0 9 Other changes in net assets or fund balances (explain on Schedule O) 8 0 9 Other changes in net assets or fund balances (explain on Schedule O) 8 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XII ine 32, column (B)) 1, 395,549 Part XII Financial Statements and Reporting 1 1, 395,549 2 Check if Schedule O contains a response or note to any line in this Part XII. 2 2 1 Accounting method used to prepare the Form 900: Cash< X Accrual Other 1 1 ft eorganization's financial statements audited by an independent accountant? 2	Part	XI Reconciliation of Net Assets					
1 Total expenses (must equal Part IX, column (A), line 25) 1 1 1,843,715 3 Revenue less expenses. Subtract line 2 from line 1 3 209,952 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,185,597 5 Net unrealized gains (losses) on investments 6 0 6 Donated services and use of facilities 6 0 7 0 0 0 0 8 0 0 0 0 9 0 0 0 0 9 0 0 0 0 9 0 0 0 0 9 0 0 0 0 9 0 0 0 0 9 0 0 0 0 0 10 1,395,549 0 1,395,549 0 11 Accounting method used to prepare the Form 990: Cash <x accrual<="" td=""> Other 1 1,395,549 11 the organization's financial statements compiled or reviewed by an independent accountar</x>		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 1, 843, 715 3 209, 952 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 185, 597 5 Net unrealized gains (losses) on investments 6 0 6 Donated services and use of facilities 7 0 7 0 0 8 0 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 1, 395, 549 Part XII Financial Statements and Reporting 1 1, 395, 549 Part XII Financial statements and Reporting 1 1, 395, 549 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountar?. 2a X 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independ	1				2,0	53,0	567.
3 Revenue less expenses. Subtract line 2 from line 1 3 209, 952 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 185, 597 5 0 0 6 0 6 6 0 onated services and use of facilities 6 0 6 7 0 6 0 6 0 8 0 0 9 0 0 1, 185, 597 9 Other changes in net assets or fund balances (explain on Schedule O) 7 0 0 9 Other changes in net assets or fund balances (explain on Schedule O) 7 0 1, 395, 549 Part XII Financial Statements and Reporting 1, 395, 549 1, 395, 549 9 Check if Schedule O contains a response or note to any line in this Part XII. 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a X 1 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Yes," check a box below to indica	2		2		1,8	43 , '	715.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 185, 597 5 Net unrealized gains (losses) on investments 5 0 6 Donated services and use of facilities 0 7 0 8 0 9 Other changes in net assets or fund balances (explain on Schedule O). 8 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 1, 395, 549 PartXIII Financial Statements and Reporting 1, 395, 549 Check if Schedule O contains a response or note to any line in this Part XII. 1, 395, 549 1 Accounting method used to prepare the Form 990: Cash Accrual Other 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis. 2b X <	3		3				
5 Net unrealized gains (losses) on investments 5 0 6 Donated services and use of facilities 6 0 7 Investment expenses 7 0 8 0 0 7 0 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 1, 395, 549 Part XII Financial Statements and Reporting 10 1, 395, 549 Check if Schedule O contains a response or note to any line in this Part XII. 1 2 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 2 X 1 Mere the organization's financial statements audited by an independent accountant? 2 4 2 X 2 X 2 X 2 X 2 X 2 X 2	4	•	4		1,1	85,	597.
a Donated services and use of labilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a Were 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? 16 "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: 16 "Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the equilt, review, or compilation of its financial statements and selection of an independent accountant? 16 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? If the organization did not undergo the	5		5				0.
 a) Prior period adjustments	6		6				0.
 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 1, 395, 549 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other fit 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?. 1 F "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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 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? a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	7		7				0.
9 Other diarges in this balances (explain on sociedate 0),	8	Prior period adjustments	8				0.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other Image: Cash X Accrual Other Image: Cash X Ac	Part	XII Financial Statements and Reporting					
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					3a		X
	b		ergo t	the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 30		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b		

SCHE	DU	LE A	
/ E	~~~		

SCHEDULE A (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 19 20

Department of the Treasury Internal Revenue Service Name of the organization		,	 Attach to Form 990 or Form 990-E2. Open to Public Open to Public Inspection 						
			Employer identi						
		-	CENTER OF	CENTRAL FLOF	RIDA, INC			75-29788	
	rt I				,	complete	e this na	art.) See instructions	
				•	is: (For lines 1 through	•		,	·
1					tion of churches desc	-	•	,	
2	\square	-			. (Attach Schedule E				
3	H					-			
4									(iii) Enter the
-		hospital's nam	-	-		Spital de			
5			-		a college or universit		d or one	rated by a governme	ntal unit described in
5		•	•	Complete Part II.)	a conege of universit			alled by a governine	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(y)	
7	Х		•	•					om the general public
'		•		(1)(A)(vi). (Compl		ipport in	oni a go		fin the general public
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9	\vdash	-				-		l in conjunction with a	land grant college
5		-		-			-	name, city, and state of	
		university:	a non-land-	grant conege of ag		попъ). с		name, city, and state of	The college of
10		·	on that norma	lly receives: (1) m	ore than 331/2% of its	support	from co	ntributions, membersh	in fees, and gross
10		receipts from	activities rela	ted to its exempt f	unctions - subject to	certain e	xception	s, and (2) no more tha	n 331/3% of its
		support from	gross investm	nent income and u	nrelated business tax 975. See section 509	able inco	ome (les	s section 511 tax) from	businesses
11					usively to test for publ				
12	\vdash	0	0		, ,				arry out the purposes
		•	•		•	•			ee section 509(a)(3).
				•••					nes 12e, 12f, and 12g.
а				-				orted organization(s),	-
a		• •			· · ·			the directors or truste	
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b		- ·· ·	•	•			with its	supported organization	on(s) by baying
~		• •						is that control or man	
			-		, Sections A and C.	the barn	0 001001		
с			()	•	•	ated in co	onnectio	n with, and functional	ly integrated with
•		• •	-		ns). You must comple				.,
d			-					ection with its suppor	ted organization(s)
			-			-		oution requirement and	
			-		omplete Part IV, Sect	-			
е								nat it is a Type I, Type I	I, Type III
			-		ionally integrated sup				
f	En	ter the number	of supported	l organizations					
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).				
	(i) N	ame of supported o	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	,
(A)									
(~)									
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Tot	al								

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

Schedule A (Form 990 or 990-EZ) 2019

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨 🔤	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,243,164.	1,739,632.	1,654,516.	1,738,005.	1,952,077.	8,327,394.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	1,243,164.	1,739,632.	1,654,516.	1,738,005.	1,952,077.	8,327,394.		
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)						0.		
6	Public support. Subtract line 5 from line 4						8,327,394.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,243,164.	1,739,632.	1,654,516.	1,738,005.	1,952,077.	8,327,394.		
	similar sources	2,513.	2,072.	4,232.	55,897.	30,845.	95,559.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						8,422,953.		
12	Gross receipts from related activities, etc. (se	e instructions) .			[12			
13	First five years. If the Form 990 is fo organization, check this box and stop here.	<u></u>							
Sec	tion C. Computation of Public Supp				T	I			
14	Public support percentage for 2019 (lin		-				98.87%		
15	Public support percentage from 2018 S					15	99.11 %		
16a	331/3% support test - 2019. If the org	anization did n	ot check the box	x on line 13, an	d line 14 is 331	/3 % or more, ch			
	box and stop here. The organization qu			-					
b	331/3% support test - 2018. If the orga								
	this box and stop here. The organizatio	-		-					
17a	10%-facts-and-circumstances test - 2	-							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part VI how the organization meets the				-				
_	organization								
b	10%-facts-and-circumstances test - 2	-							
	15 is 10% or more, and if the orga						•		
	Explain in Part VI how the organizatio								
	supported organization								
18	Private foundation. If the organization								
	instructions						<u> ► ∟</u>		

Schedule A (Form 990 or 990-EZ) 2019

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Cale	ndar 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							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
74	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
~	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
•	line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
12	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 f	[tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a secti	on 501(c)(3)	
	organization, check this box and stop here	-			•			
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2019 (line 8	, column (f), divid	led by line 13, colu	mn (f))		15	%	
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%	
Sec	tion D. Computation of Investmen							
17								
18								
	331/3% support tests - 2019. If the or						%, and line	
	17 is not more than 331/3%, check th							
b	331/3% support tests - 2018. If the org		-					
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization		•	•				
JSA	1 1 000						n 990 or 990-EZ) 2019	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedu	le A (Form 990 or 990-EZ) 2019		I	Page 5		
Part	V Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a				
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11b 11c				
	on B. Type I Supporting Organizations					
			Yes	No		
4	Did the directory tructory, or membership of one or more supported organizations have the neuror to					
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.					
<u></u>		2				
Secu	on C. Type II Supporting Organizations		Yes	No		
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		163	NO		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations					
	Did the encoderation manufactor and at the encoderated encoderations, but the last day, of the fifth manufactor		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior					
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
	the organization's governing documents in effect on the date of notification, to the extent not previously					
_	provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (a) or (ii) corving on the governing body of a supported organization? If "No " explain in Part II how					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
•		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
Secti	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc				
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				
		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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these</i>					
	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. <i>Answer (a) and (b) below.</i>	2b				
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.	3a				

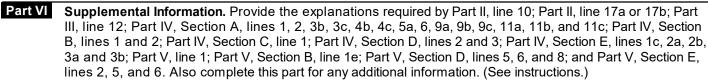
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

s regard. 3b Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s		
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organiz	g trust or	n Nov. 20, 1970 (expla	,	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
	0			

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

Part		Supporting Organizat	tions (continued)			
	ion D - Distributions			Current Year		
1	· ····································					
2	Amounts paid to perform activity that directly furthers exer					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations			
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 resp	onsive			
	(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					
	Section 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					
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)					
i	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					
c	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:					
o a	Excess from 2015					
a b						
-						
<u>с</u>						
<u>d</u>	Excess from 2018					
е				A (Form 990 or 990-EZ) 2		



Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

Name of the organization

VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC

75-2978885

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) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 totaling \$5,000 or more during the year

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA 9E1251 1.000

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		\$ 564,516.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$691,704.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$ <u>357,810.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> 4 </u>		\$ 43,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ <u>54,382.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC

75-2978885

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Concarlo D (l ugo I					
Name of or	ganization VICTIM SERVICE CENTE	R OF CENTRAL FLORIDA	, INC	Employer identification number					
				75-2978885					
Part III	Exclusively religious, charitable, e	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or							
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and								
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,								
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					

		(e) Transfer of gift						
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of gift	insfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D (Form 990)		Supplem ► Complete if Part IV, line 6, 7,	омв No. 1545-0047 20 19			
	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	Attach to Form 9 Form990 for instruction		rmation.	Open to Public Inspection
	e of the organization	,				ployer identification number
VIC	CTIM SERVICE C	CENTER OF CENTRAL FLORI	DA, INC			75-2978885
Pa		tions Maintaining Donor Adv			or Acco	ounts.
	Complete	e if the organization answered				
			(a) Donor adv	vised funds		(b) Funds and other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor	-			
_	-	inization's property, subject to the	-	-		
6	-	on inform all grantees, donors, a				
		e purposes and not for the bene			•	
De		nissible private benefit?	<u></u>	<u></u>		Yes No
Pa		e if the organization answered	"Ves" on Form 990	Part IV line 7		
1		servation easements held by the				
•		n of land for public use (for example			n of a h	istorically important land area
		of natural habitat				ertified historic structure
		n of open space			ii oi u o	
2		through 2d if the organization h	eld a qualified conserv	vation contribution	in the fo	orm of a conservation
	-	last day of the tax year.				Held at the End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c		vation easements on a certified			2c	
d		rvation easements included in (o				
		isted in the National Register	<i>,</i> ,		2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, ex	tinguished, or terr	ninated	I by the organization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is loo	cated 🕨		
5		ation have a written policy reg		monitoring, inspec	ction, h	nandling of
	violations, and enf	orcement of the conservation ea	sements it holds?			🖂 Yes 🗔 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viol	ations, and enforcin	g conse	rvation easements during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violati	ons, and enforcing	conser	vation easements during the year
	▶\$					
8		vation easement reported on line	•	•		
•)(4)(B)(ii)?				
9		ibe how the organization reports d include, if applicable, the text o				
		counting for conservation easeme		organization s finali	iciai sia	tements that describes the
Pa		tions Maintaining Collections		reasures. or Oth	er Sim	ilar Assets.
		e if the organization answered				
1a					ue stat	ement and balance sheet works
Tu						ement and balance sheet works search in furtherance of public tems.
b	art, historical treas		Id for public exhibition			ent and balance sheet works of in furtherance of public service,
		ded on Form 990, Part VIII, line 1				
		ed in Form 990, Part X				
2 If the organization received or held works of art, historical treasures, or other similar assets for						
		s required to be reported under F				
а		on Form 990, Part VIII, line 1.				
b	Assets included in	Form 990, Part X				
r or l	raperwork Reduction	I ACTINOTICE, SEE THE INSTRUCTIONS TO	FORM 990.			Schedule D (Form 990) 2019

VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC 75-2978885

Schee	lule D (Form 990) 2019											Pa	age 2
Ра	rt III Organizations Maintain	ing Collect	ions of <i>l</i>	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (C	continue	d)	
3	Using the organization's acquisition	on, accessio	n, and o	ther recor	ds, checl	k any o	of the	follow	ing that n	nake sigr	nificant us	se of	f its
	collection items (check all that app	oly):											
а	Public exhibition			d	Loan	or excha	ange	prograi	n				
b	Scholarly research			e	Other								
с	Preservation for future gene	rations			_								
4	Provide a description of the orga		llections	and expla	ain how t	hey fur	rther	the or	ganization'	s exempt	t purpose	in I	Part
	XIII.					,			5				
5	During the year, did the organization	on solicit or i	receive d	onations o	f art, histe	orical tr	easu	res. or o	other simil	ar			
•	assets to be sold to raise funds rati									_	Yes		No
Pa	rt IV Escrow and Custodial A												
1 0	Complete if the organiza			s" on For	m 990 F	Part IV	line	9 or r	eported a	n amour	nt on For	m	
	990, Part X, line 21.			0 0111 01		urtry,	mio	0, 01 1	opontod d	mamoar			
1 2	Is the organization an agent, truste		n or othe	r intermed	liary for c	ontribut	tions	or othe	r assets no	+			
Ia					-					ι Γ	Yes		No
h	included on Form 990, Part X? If "Yes," explain the arrangement i	n Dort VIII o	•••••	lata tha fa	 Ilouving tok	••••	• • •	• • • •	• • • • •	• • • • L	Tes		NO
b	in res, explain the arrangement i		na comp		lowing tat	JIE.				Amount			
-	De singing helenes									Amount			
c	Beginning balance												
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am										Yes		No
	If "Yes," explain the arrangement i	n Part XIII.	Check he	ere if the e	xplanation	has be	en pr	ovided	on Part XII				
Pa	rt V Endowment Funds.												
	Complete if the organiza	ation answe	ered "Ye	s" on For	m 990, F								
		(a) Curren	t year	(b) Pric	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance												
b	Contributions												
c	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
e	Other expenditures for facilities												
C	and programs												
f	Administrative expenses												
t a	-												
g	End of year balance Provide the estimated percentage		ntvoor	nd holono	o (lino 1 a		(a))	hald aa					
2 a	Board designated or quasi-endown		int year e		e (inte Tg,	Column	r (a))	neiu as					
b	Permanent endowment	%											
	Term endowment	%											
U	The percentages on lines 2a, 2b, a		l leuna h	00%									
30	Are there endowment funds not in		•		tion that	ara hal	d and	t admir	nistarad for	the			
Ja	organization by:	the posses.		le organiza	ation that		u and	aunni		uie	Y	es	No
	. .										3a(i)		
	(i) Unrelated organizations												
	(ii) Related organizations										3a(ii)		
	If "Yes" on line 3a(ii), are the related	-						• • • •	• • • • •		3b		
4	Describe in Part XIII the intended												
Pa	rt VI Land, Buildings, and Eq Complete if the organiz	ation answ	ered "Ye	es" on Fo	rm 990. l	Part IV	. line	11a. S	See Form	990. Pa	rt X. line	10.	
	Description of property		a) Costor	other basis	(b) Cost of	or other ba		(c) Acc	cumulated) Book valu		
			(invest	ment)	(o	ther)		depr	eciation	•			
1a	Land												
b	Buildings												
С	Leasehold improvements				-	10.1						0 6	
d	Equipment	· · · · ·			1	19,19			60,118.				71.
e	Other					57,73			56,054.				85.
Tota	I. Add lines 1a through 1e. (Columr	n (d) must ea	qual Form	n 990, Part	X, colum	n (B), lir	ne 10	c.)	►		6	0,7	56.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, F	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	ו:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	w/ w = 000		
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Ves" on Form 000	Part IV line 11d See Form 990 F	Part X line 15
· · · · · ·	cription		(b) Book value
(a) Des	Scription		(b) DOOK value
(1)			
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
line 25.			
	ion of liability		(b) Book value
(1) Federal income taxes			
$\frac{(2)}{(2)}$			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

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

Х

Dogo	4

Schedu	le D (Form 990) 2019			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1.	
1	Total revenue, gains, and other support per audited financial statements		1	2,241,541.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	186,349.		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	186,349.
3	Subtract line 2e from line 1		3	2,055,192.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	-1,525.		
с	Add lines 4a and 4b		4c	-1,525.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,053,667.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		rn.	
1	Total expenses and losses per audited financial statements		1	2,031,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	186,349.		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)	1,525.		
e	Add lines 2a through 2d		2e	187,874.
3	Subtract line 2e from line 1		3	1,843,715.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5	1,843,715.
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines			ne 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	iditional inform	ation.	

SEE PAGE 5

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

MANAGEMENT ANALYZED ITS VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS ARE WELL DOCUMENTED AND SUPPORTED. ADDITIONALLY, MANAGEMENT BELIEVES THAT NO ACCRUALS FOR TAX LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS ARE REQUIRED. THERFORE, NO RESERVES FOR UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED.

THERE HAVE BEEN NO INCREASES OR DECREASES IN UNRECOGNIZED TAX BENEFITS FOR CURRENT OR PRIOR YEARS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN INCLUDED SINCE NO RESERVES WERE RECORDED AND NO SIGNIFICANT INCREASES OR DECREASES ARE EXPECTED TO OCCUR WITHIN THE NEXT 12 MONTHS. WHEN APPLICABLE, INTEREST AND PENALTIES WILL BE REPORTED AS INCOME TAX EXPENSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS DIRECT FUNDRAISING EXPENSES: -\$1,525

PART XII, LINE 2D - OTHER ADJUSTMENTS

DIRECT FUNDRAISING EXPENSES: \$1,525

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamin	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	2019					
Department of the Treasury Internal Revenue Service	► G	► Attach o to www.irs.gov/Form	to Form 990 990 for instr				Open to Public Inspection
Name of the organization						Employer identification	on number
VICTIM SERVICE						75-2978885	
	e Activities. Comp EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
	the organization rais	· · ·			activities. Check a	all that apply.	
a Mail solicita	•	e		•	non-government g		
b Internet and	email solicitations	f			government grants		
c Phone solic	itations	g	Spec	cial fundra	ising events		
d 🔄 In-person s	olicitations	-			-		
or key employee b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in registration or lic	which the organiza	tion is registered o	or licensed	l to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2019

Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 GALA	(b) Event #2 DENIM DAY	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	69,951.	362.	1,957.	72,270
Ľ.	2 3	Less: Contributions Gross income (line 1 minus line 2)	69,951.	362.	1,957.	72,270
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	1,295.		230.	1,525
	10 11	Direct expense summary. Add lin Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) 	.	1,525 70,745
Ра	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			reported more than
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Diligo	bingo/progressive bingo	(0) 0	col. (a) through col. (c))
ц	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the organization licensed to con Is the organization licensed to con If "No," explain:	duct gaming activities			Yes No
10a b		Were any of the organization's gaming If "Yes," explain:		pended, or terminated du		Yes No

VICTIM	SERVICE	CENTER	OF	CENTRAL	FLORIDA,	INC	75-29788
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	VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC 75-2978885
Sched	ule G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
47	Mandatawy diatributional
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
Ŀ	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dom	or spent in the organization's own exempt activities during the tax year s
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs	s.gov/form990. Inspection	C		
Name of the organization	e organization Employer identifi				
VICTIM SERVICE CEN	NTER OF CENTRAL FLORIDA, INC	75-2978885			

FORM 990, PART VI, SECTION B, LINE 11 FORM 990 IS REVIEWED BY THE ACCOUNTING MANAGER, THEN THE FINANCE COMMITTEE, THEN THE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C

ALL EMPLOYEES AND DIRECTORS HAVE SIGNED CONFLICT OF INTERST AND ETHICAL STANDARDS POLICIES THAT ARE SIGNED AND PLACED IN PERSONNEL/BOARD MEMBER FILES. ANY HIGHLIGHTED ISSUES ARE REVIEWED BY THE BOARD IN THEIR REGULAR MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A: THE INDEPENDENT BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE RESEARCH COMPARABLE SALARIES. THE DECISIONS REACHED REGARDING COMPENSATION ARE PROPERLY DOCUMENTED IN THE BOARD MINUTES.

FROM 990, PART VI, SECTION C, LINE 18 THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE GUIDESTAR DONOREDGE PROFILE WITH THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. VICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC

Employer identification number 75–2978885

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ADVOCACY SERVICES ARE PROVIDED BY HIGHLY TRAINED CRISIS COUNSELOR/VICTIM ADVOCATES AND INCLUDE: COMPREHENSIVE NEEDS ASSESSMENT AND INDIVIDUALIZED CASE PLAN; CRISIS INTERVENTION; PERSONAL ADVOCACY; ASSISTANCE FILING APPLICATIONS FOR VICTIM COMPENSATION AND INJUNCTIONS FOR PROTECTION; EDUCATION ON COMMON REACTIONS TO VICTIMIZATION AND THE CRIMINAL JUSTICE SYSTEM; SAFETY PLANNING; ASSISTANCE NAVIGATING THE INVESTIGATION/PROSECUTION OF CRIMINAL CASES; AS WELL AS INFORMATION AND REFERRALS TO APPLICABLE COMMUNITY RESOURCES. VICTIM ADVOCATES ALSO PROVIDE CRISIS INTERVENTION VIA THE 24-HOUR SEXUAL ASSAULT HELPLINE. THERAPY SERVICES ARE PROVIDED BY LICENSED THERAPISTS EXPERIENCED AND TRAINED IN ADDRESSING TRAUMA.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

PREPAID EXPENSES

TOTALS

ENDING BOOK VALUE

17,537.

17,537.

ATTACHMENT 3

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Schedule O (Form 990 or 990-EZ) 2019	Page
lame of the organization	Employer identification number
/ICTIM SERVICE CENTER OF CENTRAL FLORIDA, INC	75-2978885
	ATTACHMENT 3 (CONT'D)
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	
	—
	ENDING
DESCRIPTION	BOOK VALUE
BB&T MUTUAL FUNDS	377,786.
BB&T EXCHANGE TRADED FUNDS	64,969.
TOTALS	442,755.