

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAYS-CALDWELL WOMEN'S CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 234 City or town, state or province, country, and ZIP or foreign postal code SAN MARCOS, TX 78667-0234 F Name and address of principal officer: MARLA R JOHNSON SAME AS C ABOVE	D Employer identification number 74-2020505 E Telephone number (512) 396-3404 G Gross receipts \$ 5,193,545. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HCWC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1978
		M State of legal domicile: TX

Part I Summary

		1 Briefly describe the organization's mission or most significant activities: SHELTER AND ADVOCACY PROGRAMS FOR VICTIMS OF FAMILY VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	62	
	6	Total number of volunteers (estimate if necessary)	6	417	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,626,750.	Current Year 5,104,065.
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,253.	30,633.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,879.	38,232.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,675,882.	5,172,930.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	162,023.	180,271.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,639,347.	2,947,992.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,531.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	733,980.	599,808.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,535,350.	3,728,071.	
	19	Revenue less expenses. Subtract line 18 from line 12	1,140,532.	1,444,859.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,461,456.	End of Year 7,416,907.	
	21	Total liabilities (Part X, line 26)	85,745.	496,337.	
	22	Net assets or fund balances. Subtract line 21 from line 20	5,375,711.	6,920,570.	

Part II Signature Block

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

Sign Here	Signature of officer MARLA R JOHNSON, EXECUTIVE DIRECTOR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name RANDY L. WALKER, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00963779
	Firm's name ▶ RANDY WALKER & CO	Firm's EIN ▶ 20-3992693		Phone no. 210-366-9430	
	Firm's address ▶ 7800 IH 10 WEST, STE. 505 SAN ANTONIO, TX 78230				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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: SHELTER AND ADVOCACY PROGRAMS FOR VICTIMS OF FAMILY VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,812,232. including grants of \$ 180,271.) (Revenue \$) PROVIDE ASSISTANCE, COUNSELING, TEMPORARY HOUSING FOR VICTIMS OF FAMILY VIOLENCE. 836 VICTIMS OF FAMILY VIOLENCE SERVED IN FY 2020 INCLUDING 5,105 NIGHTS OF SHELTER TO 209 VICTIMS AND 665 PROVIDED NON-RESIDENTIAL SERVICES. (SOME PEOPLE WERE SERVED IN BOTH PROGRAMS.)

4b (Code:) (Expenses \$ 473,338. including grants of \$) (Revenue \$) PROVIDE ASSISTANCE AND COUNSELING FOR VICTIMS OF SEXUAL ASSAULT. 693 VICTIMS WERE SERVED IN FY 2020 AND WE RESPONDED TO 112 CALLS AT AREA HOSPITALS TO SUPPORT VICTIMS DURING A SEXUAL ASSAULT FORENSIC EXAM.

4c (Code:) (Expenses \$ 630,098. including grants of \$) (Revenue \$) PROVIDE FORENSIC INTERVIEWS, ASSISTANCE AND COUNSELING FOR VICTIMS OF CHILD ABUSE. 550 CHILDREN AND 412 NON-OFFENDING ADULT FAMILY MEMBERS WERE SERVED IN FY 2020. 500 FORENSIC INTERVIEWS WERE PROVIDED AND 33 ON-SITE SAFE EXAMS WERE PERFORMED.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,915,668.