## EXTENDED TO JULY 15, 2020

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. 2010

Open to Public Inspection

^	For the	$\approx$ 2018 calendar year, or tax year beginning JUL $1$ , $2018$ and ending	JUN 30, 2019	
		·		
В	Check if applicabl	C Name of organization	D Employer identifi	cation number
	Addre chang	REAL ESCAPE FROM THE SEX TRADE		
	Name chang	Doing business as	45-3	531020
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite <b>E</b> Telephone numbe	er .
	Final return	4215 RAINIER AVENUE SOUTH, SUITE B		395-4691
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	2,449,569.
	Amen- return	ded SEATTLE, WA 98118	H(a) Is this a group re	eturn
F	Applic	F Name and address of principal officer: GINA CITTADINI	for subordinates	
_	pendi	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	·····= =
_			<del></del>	<del></del>
				list. (see instructions)
		e: > WWW.IWANTREST.COM	H(c) Group exemption	
			$^{\prime}$ ear of formation: $2011$	<b>M</b> State of legal domicile: <b>WA</b>
P	art I	Summary		
_	1	Briefly describe the organization's mission or most significant activities: REST EXI	STS TO PROVID	E PATHWAYS
ခိုင		TO FREEDOM, SAFETY AND HOPE TO PEOPLE WHO HAV		
Governance	2	Check this box  if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
Ve	3		3	6
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)		6
જ	1 -			52
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		55
<u>≓</u>	6	Total number of volunteers (estimate if necessary)		
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
			Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)	1,952,540.	2,186,582.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	644.	216.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,488.	159,944.
	1		1,944,696.	2,346,742.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	73,207.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,412,363.	1,440,930.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	24,672.
g	b	Total fundraising expenses (Part IX, column (D), line 25)   415,368.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	512,585.	663,489.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,924,948.	2,202,298.
	1	Revenue less expenses. Subtract line 18 from line 12	19,748.	144,444.
	_		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	192,002.	367,873.
SSe	20	, , , , , , , , , , , , , , , , , , , ,	94,412.	61,478.
et A	21	Total liabilities (Part X, line 26)		306,395.
		Net assets or fund balances. Subtract line 21 from line 20	97,590.	300,393.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
He		AMANDA HIGHTOWER, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check [	PTIN
Da:	ч	MATTHEW R. MATSON MATTHEW R. MATSON	07/15/20 self-employ	
Pai				
	parer	Firm's name BDO USA, LLP	Firm's EIN ▶	13-5381590
Use	Only	Firm's address 601 UNION ST, STE 2300		06\ 000 ====
		SEATTLE, WA 98101-2345	Phone no. ( 2	
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

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

(Expenses \$ 41,501. including grants of \$

e Total program service expenses ► 1,686,432.

## Part IV Checklist of Required Schedules

			Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	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
	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
	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
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		_X_
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
á	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		_X_
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
<b>a</b> [	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŀ	Part VI	11a	X	
<b>b</b> [	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
á	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
á	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. <del></del>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
	or more? If "Yes," complete Schedule F, Parts I and IV	140		
				Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		- 25
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15 16		х
<b>17</b> [	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	4	X
<b>17</b> [	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		х	X
17 [ 0	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	16		Х
17 [ 0 18 [	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	16	x x	X
17 [ 18 [ 19 [	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16 17 18		
17 [ 18 [ 19 [	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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	16 17 18		x
17 [ 18 [ 19 [ 20a [	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	16 17 18 19 20a		
17 [ 18 [ 19 [ 20a [ b ]	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16 17 18		x
17 [ 18 [ 19 [ 20a [ b	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	16 17 18 19 20a		x

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	23		х
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>2</b> 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		240		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		24u		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	, , ,	OEL		Х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		Х
07	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		<u> </u>
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):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	director, trustee, or direct or indirect owner? 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	25		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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? <i>If</i> "Yes." <i>complete</i>	<u> </u>		
<u></u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	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, or IV, and	"		
	Part V, line 1	34		Х
35a	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

832004 12-31-18

# Form 990 (2018) REAL ESCAPE FROM THE SEX TRADE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i jestianaca)			V	NI.			
20	Entar the number of employees reported an Earm W.2. Transmitted of Wage and Tay Statements			Yes	No			
Za	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 52						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return	-	2b	х				
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions							
За		,,	За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	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 Ad	counts (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		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit						
			6a		_X_			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		_	v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X				
b			7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?	is required	70		Х			
d		7d	7c		21			
e	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 or	•	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X			
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	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	10a						
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:	1 1						
a	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	440						
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	100					
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
u	Note. See the instructions for additional information the organization must report on Schedule O.		iou					
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	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.			000				
			Earm	990	(0110)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	$\mid$ $\epsilon$	5							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	$\mid$ $\epsilon$	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6	Did the organization have members or stockholders?			6		X					
7a											
	more members of the governing body?			7a		X					
b	<b>b</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 yea										
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 read	ched a	t the								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
	, , , , ,		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a		X					
b											
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 rise	to con	licts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe								
	in Schedule O how this was done			12c	X	$ldsymbol{ld}}}}}}}}$					
13	Did the organization have a written whistleblower policy?			13	X	$ldsymbol{ld}}}}}}}}$					
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 approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b		_X_					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►WA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)	s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of	interest policy, and	financ	ial						
	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 boo	ks and	d records								
	TASHA MCCOY, FINANCE MANAGER - 425-395-4691										
	4215 RAINIER AVENUE SOUTH, SUITE B, SEATTLE, WA 98	3118									

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

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

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

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

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

Check this box if neither the organization		orga	niza			nper	ısat			<u> </u>
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (list any	-					Τ	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ : 00000)	organization
	organizations	trust	al tru		oyee	om pe		, ,		and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) BRENT TURNER	1.00	1							_	
BOARD CHAIRMAN		Х				_		0.	0.	0.
(2) KAREN COBB	1.00	1							_	_
BOARD SECRETARY		Х				_		0.	0.	0.
(3) WILL LITTLE	1.00	1							_	_
BOARD MEMBER		Х				_		0.	0.	0.
(4) RENEE WALLACE	1.00									
BOARD MEMBER	<del>                                     </del>	Х				_		0.	0.	0.
(5) JESSE BRYAN	1.00									
BOARD MEMBER	<del>                                     </del>	Х				_		0.	0.	0.
(6) JONATHAN LAMB	1.00									
BOARD MEMBER	<del>                                     </del>	Х				_		0.	0.	0.
(7) AMANDA HIGHTOWER	42.50	-								
EXECUTIVE DIRECTOR	<del>                                     </del>			Х		_		112,226.	0.	5,907.
(8) JULIE MCNAMARA-DAHL	40.00	-								
DEVELOPMENT DIRECTOR	<del>                                     </del>			Х		_		58,617.	0.	0.
(9) AMANDA HEWITSON	40.00	_		l						
PROGRAMS DIRECTOR	1			X		_		77,006.	0.	0.
(10) RODOLFO VAZQUEZ	40.00	-		l				F4 650		
BUSINESS MANAGER	40.00			Х		<u> </u>		71,672.	0.	0.
(11) TASHA MCCOY	40.00	-								
DIRECTOR OF FINANCE			_	Х		┝		0.	0.	0.
		-								
						_				
		-								
						<u> </u>				
		-								
						<u> </u>				
		-								
	+					$\vdash$	-			
	-	1								
	+					-				
	<u> </u>	1								
		<u> </u>				<u> </u>	<u> </u>	1		000

Par	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	anc	l Hi	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	is both	h an	compensation	compensation	ı	am	nount	of
		week		cer ar	nd a d	irecto	or/trus	itee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	e e			ated		organization	(W-2/1099-MIS	2)		om the	
		organizations	ustee	trust		9	Suedi		(W-2/1099-MISC)			•	anizati d relati	
		below	ual tr	tional		ploye	t col						anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orge	ii iiZati	0113
			=	<del>  -</del>	0	~	Τ 60	<u> </u>			$\neg$			
			_								_			
											1			
											$\dashv$			
			$\vdash$								$\dashv$			
	Sub-total								319,521.		0.		5,90	07.
	Sub-total Total from continuation sheets to Part VI								0.		0.		<i>5</i> , <i>5</i> ,	0.
	Total (add lines 1b and 1c)							<b>•</b>	319,521.		0.		5,90	07.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization		—									$\overline{}$	Yes	1 No
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	y en	olqn	vee,	orl	highest compensated er	nployee on				110
	line 1a? If "Yes," complete Schedule J for s	-			•	•	•					3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	•		•					•	•	Г	4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	∋ <i>J f</i>	or su	ıch į	oers	on					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										ensati	on fro	om	
	(A)		<u> </u>	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	. <u>.</u>				(B)			(C		
	Name and business	address	NO	ONI	3			$\dashv$	Description of s	ervices	Cc	omper	nsatio	n
			—					$\dashv$				—		
								$\perp$						
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lin	nited	d to	thos )		ted	above) who received me	ore than				
	T. 22,335 C. Somponouton nom the Organi										F	Form !	990 (2	2018)

Form 990 (2018) REAL ES
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 1					
2,5	c	Fundraising events		207,582.				
ifts	d	Related organizations		,				
nila	e	Government grants (contribution		359,624.				
Sir	f	All other contributions, gifts, grant	· —	,				
uti	•	similar amounts not included abov		619,376.				
trib Ott	a	Noncash contributions included in lines 1		154,944.				
Son	9 h	Total. Add lines 1a-1f	•		2,186,582.			
0 10		Totali Add lines 12 11		Business Code				
•	2 a			Business Code				
vice	2 u b							
Ser	c							
m S	d							
gra Re	e							
Program Service Revenue	f	All other program service rever	2116					
		Total. Add lines 2a-2f						
_	3	Investment income (including						
	_	other similar amounts)			216.			216.
	4	Income from investment of tax						
	5	Royalties		-				
	_	noyanios	(i) Real	(ii) Personal				
	6 a	Gross rents	(7)	(.,,				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities					
	•	assets other than inventory	(4) = = = = = = = = = = = = = = = = = = =	(1)				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ine		Gross income from fundraising including \$ 207,5	events (not	,				
Other Revenu		contributions reported on line						
Re		Part IV, line 18	,	247,773.				
her	h	Less: direct expenses		102,827.				
ð		Net income or (loss) from fund		<b>&gt;</b>	144,946.			144,946.
		Gross income from gaming ac	-					
	Ja	Part IV, line 19		14,998.				
	h	Less: direct expenses		_				
		Net income or (loss) from gami			14,998.			14,998.
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions	<u></u>	<b></b>	2,346,742.	0.	0.	160,160.

# Form 990 (2018) REAL ESCAPE FROM THE SEX TRADE 45-3531020 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a resp	,		пріете соіитп (А).	Γ
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1 Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21	73,207.	73,207.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Park IV. Irana 15 and 16	n			
individuals. See Part IV, lines 15 and 16				

1	Grants and other assistance to domestic organizations	72 207	72 207		
	and domestic governments. See Part IV, line 21	73,207.	73,207.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	211 020	0.45 1.00		F.C. F.O.O.
	trustees, and key employees	311,238.	247,183.	7,475.	56,580.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.46 0.60	750 OFF	00 545	100 140
7	Other salaries and wages	946,969.	752,075.	22,745.	172,149.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	65.50		4 607	
9	Other employee benefits	67,738.	53,797.	1,627. 2,199.	12,314. 20,635.
10	Payroll taxes	114,985.	92,151.	2,199.	20,635.
11	Fees for services (non-employees):				
	Management	222			
	Legal	920.	920.		
	Accounting	33,808.		33,808.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	24,672.			24,672.
f	Investment management fees				
g	,	440	10 166	4 224	1 000
	column (A) amount, list line 11g expenses on Sch O.)	55,412.	49,166.	4,324.	1,922. 2,801.
12	Advertising and promotion	4,482.	1,515.		2,801.
13	Office expenses	27,509.	13,482.	4,212.	9,815.
14	Information technology	4,091.	2,708.	566.	817.
15	Royalties	24.2 5.5.2	105 101	2.552	
16	Occupancy	212,653.	195,101.	8,660.	8,892. 2,546.
17	Travel	14,894.	10,314.	2,034.	2,546.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 550	2 456	65.6	
19	Conferences, conventions, and meetings	4,770.	3,176.	656.	938.
20	Interest				
21	Payments to affiliates	E 261	4 000	1 000	1 000
22	Depreciation, depletion, and amortization	7,361.	4,907.	1,227.	1,227.
23	Insurance	4,945.	3,297.	824.	824.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONATED GOODS	154,944.	79,599.		75,345.
b	CLIENT SERVICES	91,190.	91,190.		
C	LICENSES & FEES	27,780.	•	5,670.	22,110.
d	HUMAN RESOURCES	18,730.	12,644.	4,305.	1,781.
	All other expenses	,	•	,	<u>,                                      </u>
25	Total functional expenses. Add lines 1 through 24e	2,202,298.	1,686,432.	100,498.	415,368.
26	Joint costs. Complete this line only if the organization	•	•	,	<u>,                                      </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
832010	) 12-31-18				Form <b>990</b> (2018)
		2 2			

Form 990 (2018)
Part X | Balance Sheet

Part	t X	Balance Sheet						
		Check if Schedule O contains a response or not	e to any	line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			134,500.	1	158,889	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4	127,124	
	5	Loans and other receivables from current and fo						
		trustees, key employees, and highest compensa	ited em	ployees. Complete				
		Part II of Schedule L				5		
	6	Loans and other receivables from other disqualit						
		section 4958(f)(1)), persons described in section	4958(c	(3)(B), and contributing				
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary				
ς,		employees' beneficiary organizations (see instr).	employees' beneficiary organizations (see instr). Complete Part II of Sch L					
Assets	7	Notes and loans receivable, net				7		
\ \	8	Inventories for sale or use				8		
	9	B			17,387.	9	36,117	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	60,891.				
	b	Less: accumulated depreciation	10b	15,148.	40,115.	10c	45,743	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1				12		
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal			192,002.	16	367,873	
	17	Accounts payable and accrued expenses			43,162.	17	367,873 57,363	
	18	Grants payable		18				
	19	Deferred revenue			1,250.	19	3,289	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I				21		
<sub>တ</sub>	22	Loans and other payables to current and former	officers	, directors, trustees,				
1		key employees, highest compensated employee	s, and	disqualified persons.				
Liabilities		Complete Part II of Schedule L			50,000.	22		
-	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24		
	25	Other liabilities (including federal income tax, pa	yables t	o related third				
		parties, and other liabilities not included on lines	17-24).	Complete Part X of				
		Schedule D			0.	25	826	
	26	Total liabilities. Add lines 17 through 25			94,412.	26	61,478	
		Organizations that follow SFAS 117 (ASC 958	), checl	k here ▶ X and				
ရွ		complete lines 27 through 29, and lines 33 an						
2	27	Unrestricted net assets			97,590.	27	264,571	
Sala	28	Temporarily restricted net assets		28	41,824			
<u> </u>	29			L		29		
בֿ		Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 🔲 📗				
ة		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
25	31	Paid-in or capital surplus, or land, building, or ed	Juipmer	t fund		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32		
z	33	Total net assets or fund balances		L	97,590.	33	306,395	
	34	Total liabilities and net assets/fund balances			192,002.	34	367,873	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)		2,34			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,20			
3	Revenue less expenses. Subtract line 2 from line 1	3		4,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9'	7,5	90.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6	4,3	61.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	30	6,3	95.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	2a Were 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, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 (	(2018)	

832012 12-31-18

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** 

REAL ESCAPE FROM THE SEX TRADE 45-3531020 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

f Enter the number of supported organizations						
g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

# 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.)

Se	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	• •	• •				
	membership fees received. (Do not						
	include any "unusual grants.")	880,656.	1181902.	1597800.	2057438.	2186582.	7904378.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	880,656.	1181902.	1597800.	2057438.	2186582.	7904378.
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)						502,786.
	Public support. Subtract line 5 from line 4.						7401592.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	880,656.	1181902.	1597800.	2057438.	2186582.	7904378.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					21.6	21.6
	and income from similar sources					216.	216.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	477.	16,414.				16,891.
	assets (Explain in Part VI.)	4//•	10,414.				7921485.
	<b>Total support.</b> Add lines 7 through 10	-1- /	>			40	1921403.
	Gross receipts from related activities,			J. 6		12	
13	First five years. If the Form 990 is for				-		▶□
Se	organization, check this box and stop ction C. Computation of Publi						······
	Public support percentage for 2018 (li			olumn (f))		14	93.44 %
	Public support percentage from 2017					15	93.75 %
	33 1/3% support test - 2018. If the c						,-
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2017. If the o						
	and <b>stop here.</b> The organization quali	-					
17a	10% -facts-and-circumstances test						
		ū					•
	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 "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
k	10% -facts-and-circumstances test						
	more, and if the organization meets th	ū				•	
	organization meets the "facts-and-circ						<b>▶</b> □
18	Private foundation. If the organizatio		-	· ·			<b>&gt;</b>

## 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.)

Section A. Public Support	,					
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						<del>                                     </del>
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T -	T -	Т.	Т.	<del> </del>
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	o .	•	, ,	•	( )( )	,
Section C. Computation of Public						
15 Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>18</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>2017</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and see ins	etructions	<b>▶</b>

## 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
12		
4-		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9с		
10a		
10b		

Par	TIV   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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			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			
2	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(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A				
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.		
Sect	tion 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			
	tion 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			
С	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
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			
Sect	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	LV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		Current Year	
1	Amou	nts paid to supported organizations to accomplish exer			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10		s amount divided by line 9 amount			
Secti	(i) (ii) Section E - Distribution Allocations (see instructions)  Excess Distributions Pre-2018				(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3		s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
-	line 7:	. '			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
_		Subtract lines 3g and 4a from line 2. For result greater			
	,	tero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
'	and 4	- I			
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		ss from 2017			
е	⊨xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

# Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

2018

Name of the organization **Employer identification number** REAL ESCAPE FROM THE SEX TRADE 45-3531020 Organization type (check one):

O. game	ation type (encont of					
Filers of	Filers of: Section:					
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Ole a alla if		and the the Constal Bule on Constal Bule				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <b>General Rule</b> 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).						

LHA 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) (2018)

Name of organization

Employer identification number

# REAL ESCAPE FROM THE SEX TRADE

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		\$ 276,354.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>110,750.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$100,000.	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		\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 63,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# REAL ESCAPE FROM THE SEX TRADE

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		
7		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$\$\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll 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.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

# REAL ESCAPE FROM THE SEX TRADE

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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
	18	   \$	990 990-FZ or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Name of organization **Employer identification number** REAL ESCAPE FROM THE SEX TRADE 45-3531020 Part III 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REAL ESCAPE FROM THE SEX TRADE

**Employer identification number** 45-3531020

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	· — —
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	<b>▶</b> \$	g or moranorio, and ornoronig concerna	mon casee.me adming and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  b Buildings c Leasehold improvements d Equipment e Other  Other  60,891.  15,148.	Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tr	easures, o	r Other S	imilar As	sets (continue	ed)
a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part XV in the did not on Form 990, Part X, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes D If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization manaweard "Yes" on Form 990, Part X, line 10.  1a Beginning of year balance C Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance D Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	3	Using the organization's acquisition, accessic	on, and other records	s, check any of the	following that	are a signi	ficant use of	its collection ite	ems
b Scholarly research e		(check all that apply):							
c	а	Public exhibition	d	Loan or ex	change progra	ams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collection?  Part WI Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  1	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9, or reported an amount on Form 990, Part X   Interest Yes, "explain the arrangement in Part XIII and complete the following table:    Complete the part XIII   Interest XIII	С	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	how they further	the organizatio	n's exempt	purpose in	Part XIII.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	5	During the year, did the organization solicit or	receive donations of	of art, historical trea	asures, or othe	er similar as	sets		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?			Yes	☐ No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  1b If Hyes, "explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c Amount	Par							t IV, line 9, or	
on Form 990, Part X?    It *Yes,* explain the arrangement in Part XIII and complete the following table:									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c	1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	ns or other ass	sets not incl	uded		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c		on Form 990, Part X?						Yes	O No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? bif "Yes"; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quask-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Description of property (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment)  4 Equipment (c) Accumulated (d) Book value (d) Book value (d) Book value	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI lill  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to Contributions (e) Temporarily restricted endowment ▶								Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI lill  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to Contributions (e) Temporarily restricted endowment ▶	С	Beginning balance					1c		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years the Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  Mean and programs f The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on Ine 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 60, 891. 15,148. 45,744	d						1d		
tending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  — Yes — b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  — Part V — Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е						1e		
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ■ If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  ■ Reginning of year balance  ■ (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to the contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to the contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (e) Four year delay and programs (f) Administrative expenses (g) End of year balance (e) Four year delay and programs (f) Administrative expenses (g) End of year balance (e) Four year delay (e) Four years to the restricted endowment (f) Four year delay (e) Four years to the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment (f) Four year delay (e) Four years to the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment (f) Four year delay (f) Four years back (g) Four years to the expension of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment (f) Four years to the expension of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) four years to the property (iii) (iii) related organizations (iii) related organizations (iii) (iii) related organizations (iiii) (iii) related organizations (iiii) (iii) related organization	f						1f		
By if Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Interview   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to the form of the contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to the form of the contributions   (a) Current year on Form 990, Part IV, line 10.    b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to the form of the contributions   (e) Prior year   (e) Two years back   (e) Four years to the form of the contributions   (e) Prior year   (e) Two years back   (e) Four years to the form 10.    c   Contributions   (e) Prior year   (e) Two years back   (e) Four years back   (e) Four years to the four years back   (e) Four years to the four years back   (e) Four ye	2a						,	Yes	No
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to Contributions   (e) Four ye		_				-		. —	
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years									
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ %  5 Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other 60 , 891. 15,148. 45,74							Three years I	back (e) Four ye	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance					•		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	_								
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  60,891. 15,148. 45,744	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment									
a Board designated or quasi-endowment ▶			ent vear end halance	e (line 1a. column (	a)) held as:	<u> </u>		l .	
b Permanent endowment ▶					a)) Held as:				
c Temporarily restricted endowment ▶	_	- · · · · · · · · · · · · · · · · · · ·							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  3a(i)    3a(i)    5b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  15,148.  45,74									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  60,891. 15,148. 45,74	·								
by: (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  60,891. 15,148. 45,74	22			tion that are hold a	and administor	od for the c	ragnization		
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  b Buildings c Leasehold improvements d Equipment e Other  Other  60,891.  15,148.	Ja		ssion of the organiza	tion that are new a	and administer	ed for the c	ngai iization	[v	es No
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  60,891.  15,148.									63 140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  60,891.  15,148.									
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  60,891.  15,148.	h	If "Vos" on line 3a(ii) are the related organization	tions listed as require	od on Schodulo D	 )			3a(ii)	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  60,891.  15,148.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  60,891.  15,148.				willetti turius.					
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  60, 891.  15,148.				Dart IV line 11a	See Form 990	Dart Y line	10		
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  50,891. 15,148. 45,74		-						(d) Dooks	value.
1a Land         b Buildings         c Leasehold improvements         d Equipment         e Other       60,891.         15,148.       45,74		Description of property	1 ' '	` '		` ,		( <b>a</b> ) Book v	raiue
b Buildings         c Leasehold improvements           c Leasehold improvements         60,891.           d Equipment         60,891.		Land	`	, Dasis	- (54.101)	асріс	J.41.011	<del>                                     </del>	
c Leasehold improvements       60,891.         d Equipment       60,891.	_		I						
d Equipment									
e Other 60,891. 15,148. 45,74	_		I						
			<b>I</b>		60 801	1	5 1/Ω	15	7/13
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				•					

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 REAL ESCAPE	FROM THE	SEX TRADE	45-3	3531020	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" o					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	raluation: Cost or end-of	-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of	-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of		, line 11d. See Form 990,	Part X, line 15.		
(a) [	Description			(b) Book va	alue
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) 					
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		<u></u> ▶		
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or 11f. See Forn	n 990, Part X, line 25.		
1. (a) Description of liability	,	(b) Book value			
(1) Federal income taxes					
(2) CLIENT FUTURE HOUSING FUND	)	826.			
(3)					
(4)					
(5)					

826. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6) (7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financia		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		Т	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u></u>	40	
c	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information.	ine 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pa	rt V line 4: Part X line 2: Part	· XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	,	11 V, 1110 4, 1 art X, 1110 2, 1 art	Λι,
	La aria 15, and 1 art/m, miles La aria 15.7 nee complete tine part to provi	as any additional information.		

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

REAL ESCAPE FROM THE SEX TRADE

Employer identification number 45 – 3531020

	Complete if the organization answert.			n Form 990, Part IV, I	ine 17. Form 990-EZ	
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f X Solicita g X Special  or oral agreement with any individual  Part VII) or entity in connection with position or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	ustody trol of	(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
LACE LAWRENCE - 4554 359TH AVE SE, FALL CITY, WA 98024	GRANT WRITER	Yes	No X	268,558.	24,672.	243,886.
Total			<b>▶</b>	268,558.	24,672.	243,886.
List all states in which the organization or licensing.  WA	or is registered or licerised to solicit	CONTRIDI	utions	or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-E	Z. S	Schedule G (Form 9	90 or 990-EZ) 2018

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or idital along event contributions and gr	(a) Event #1 A NIGHT OF REST	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	455,355.			455,355.
	2	Less: Contributions	207,582.			207,582.
	3	Gross income (line 1 minus line 2)	247,773.			247,773.
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	17,623.			17,623.
rect E	7	Food and beverages	40,660.			40,660.
⊡	8	Entertainment	7.059.			7.059.
	9	Other direct expenses				7,059.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	102,827.
		Net income summary. Subtract line 10 from I	line 3, column (d)		<b>)</b>	144,946.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or I	reported more than	
	ı -	\$15,000 on Form 990-EZ, line 6a.	Т			T
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	o me o and expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b></b>	<u> </u>
9		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming a No," explain:				Yes No
		NO, EXPIRIT.				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		/ear?	Yes No
	_					

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Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 REAL ESCAPE FROM THE SEX TRADE 45-	·3531020	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility		
	o An outside facility	ISD	70
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?	Yes	□ No
.00	2 Does the organization have a contract with a time party from whom the organization received garning revenue:		
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
•	of gaming revenue retained by the third party > \$		
•	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 100 0, 0	, 105,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			

Schedule G	(Form 990 or 990-EZ)	REAL	ESCAPE	FROM	THE	SEX	TRADE	45-3531020	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental In</b>	formation	(continued)						
			,						
-									
-									

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

REAL ESCA	PE FROM T	HE SEX TRAD	E				45-3531020
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than		be duplicated if addit	ional space is need	ed.	(6) 14 - 11 - 5		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEATTLE AGAINST SLAVERY PO BOX 95662							DATA MANAGEMENT FOR TEXT
SEATTLE, WA 98145	27-2026973	501C3	73,207.	0.			OUTREACH
BENTIED, WIN 30143	27 2020373	50103	73,207.	••			- COTKEMEN
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				<u> </u>
3 Enter total number of other organization	s listed in the line	1 table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
RT I, LINE 2:					
NANCIAL ASSISTANCE PROVIDED TO	CLIENTS IS	DETERMINE	ED AND DOCU	MENTED BY	
E PROGRAMS TEAMS WITHIN THE CL	IENT MANAGE	MENT SOFTV	NARE. PAYME	NTS OF	
SISTANCES TO SPECIFIC CLIENTS					
D LISTS THE CLIENT ID NUMBER I					
		ACTION MEN	TO TO BE RE	CONCILED	
AINST THE CLIENT MANAGEMENT SO	FTWARE.				

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number REAL ESCAPE FROM THE SEX TRADE 45-3531020

Par	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amo	ounts	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		154,944.	THRIFT STOR	E VA	LUE	3
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
<u> 28</u>	Other ( )		H 1					
29	Number of Forms 8283 received by the organization completed Form 828	•	•					
	for which the organization completed Form 828	o, Part IV, L	onee Acknowledg	ement 29			/es	No
20-2	During the year, did the organization receive by	contribution	n any proporty ron	orted in Part Llines 1 throug	h 28 that it		res	NO
oua	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		,	,		30a		X
h	If "Yes," describe the arrangement in Part II.					Joa		
31	Does the organization have a gift acceptance po	olicy that re	auires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties o					<del>-                                    </del>		
u	contributions?		-	· ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.				<u> </u>			

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

Schedule M (Form 990) 2018

832142 10-18-18

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

REAL ESCAPE FROM THE SEX TRADE

Employer identification number 45-3531020

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMERCIAL SEX AND PEOPLE INVOLVED IN THE SEX TRADE IN SEATTLE AND BEYOND. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REST'S PREVENTION PROGRAM IS A VOLUNTEER TEAM THAT INVITES YOUTH IN JUVENILE DETENTION TO FIGHT AGAINST HUMAN TRAFFICKING. THEY DO THIS THROUGH ONE: ONE MENTORSHIP AND GROUP WORKSHOPS AT TWO KING COUNTY JUVENILE DETENTION CENTERS. BOTH AVENUES ARE INTERACTIVE AND EDUCATIONAL, TEACHING ABOUT HUMAN TRAFFICKING AND INOUIRING ABOUT HOW IT CAN INTERSECT WITH YOUNG PEOPLE'S LIVES. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 41,501. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS PROVIDED TO THE BOARD FOR REVIEW AFTER FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE REST BOARD REVIEWS THE POLICIES AS NECESSARY. ANY POTENTIAL CONFLICTS ARE PRESENTED TO THE BOARD FOR REVIEW AND ACTION. FORM 990, PART VI, SECTION B, LINE 15A: BOARD COMPENSATION COMMITTEE MAKES A DETERMINATION OF THE EXECUTIVE DIRECTOR SALARY BY USING A NATIONAL NPO COMPENSATION SURVEY. EXECUTIVE DIRECTOR DETERMINES EXECUTIVE TEAM'S COMPENSATION BASED ON THE SAME NATIONAL SURVEY & PERFORMANCE.

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

Schedule O (Form 990 or 990-EZ) (2018)