Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

A For the 2013 ca

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

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

▶ Information about Form 990 and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

AI	or th	ne 2013 calendar year, or tax year beginning 06/01, 2013	, and ending		05/31, 20 14
В	back if a	C Name of organization RAPE, ABUSE & INCEST NATIONAL N	ETWORK	D Employer iden	
		(RAINN)		52-18865	511
_	Addre	Doing Business As	***************************************		
-	Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	iber
-	Initial	alreturn 1220 L STREET	505	(202) 544	-1034
		City or town, state or province, country, and ZIP or foreign postal code			
	Amer			G Gross receipts	\$ 3,956,308.
	Appli	F Name and address of principal officer: SCOTT BERKOWITZ		H(a) Is this a group subordinates?	return for Yes X No
		1220 L STREET STE 505 WASHINGTON, DC 20005		H(b) Are all subordinal	tes included? Yes No
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list (see instructions)
J	Websi	ite: > WWW.RAINN.ORG		H(c) Group exemption	on number
K	Form	of organization: X Corporation Trust Association Other ▶	L Year of form	ation: 1994 M St	ate of legal domicile: DC
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: OPERA	TES THE NAT	'IONAL SEXUA	L ASSAULT &
e C		ONLINE HOTLINE, DOD SAFE HELPLINE; EDUCATES THE P	UBLIC & LEA	DS NATIONAL	AND THE THE PARTY AND THE PARTY AND THE THE PARTY AND THE THE PARTY AND THE THE PARTY AND THE PARTY
an		EFFORTS TO PREVENT SEXUAL VIOLENCE AND BRING MOR	E RAPISTS T	O JUSTICE.	
/er	2	Check this box if the organization discontinued its operations or dispose	ed of more than 25	% of its net assets.	max
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			5.
රේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4 4.
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5 147.
Ę.	6	Total number of volunteers (estimate if necessary)			4,100.
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7	'a 0
		Net unrelated business taxable income from Form 990-T, line 34			
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,064,415	1,200,950.
	1	Program service revenue (Part VIII, line 2g)		2,244,120	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,456	**************************************
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,097	~~***********************************
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		3,317,088	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0 0
		Benefits paid to or for members (Part IX, column (A), line 4)			
- 10	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).	* * * * * *	1,787,155	. 2,447,077.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0 0
Ped	h	• Total fundraising expenses (Part IX, column (D), line 25) ► 260, 880			9
m		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		860,917	970,688.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,648,072	
	19	Revenue less expenses. Subtract line 18 from line 12		669,016	
L 1/3		revenue less expenses. Subtract fine to from time 12		inning of Current Yea	
at Assets or	20	Total accets (Part Y. Jina 16)		2,799,838	····
Bal	21	Total assets (Part X, line 16)	* * * * * *	840,602	
Net /	22	Total liabilities (Part X, line 26)		1,959,236	
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,000,200	. 2,400,000.
\$55,000		nalties of perjury, I declare that I have examined this return, including accompanying sched	ulae and etatamante	and to the heet of m	ty knowledge and helief it is
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer has any	knowledge.	ly knowledge and belief, it is
		100		[[]	25/14/
Sig	n	anguature of officer		Date	
He	re		ייינייי		,
		SCOTT BERKOWITZ PRESID Type or print name and title	Can I		
***************************************		Print/Type preparer's name Preparer's signature	Date .		PTIN
Paid	1		11/25/14	Check if self-employed	
Pre	parer		111/2/11/		1 1001///04
Use	Only			Firm's EIN ▶ 37	***************************************
6.0-	, sh - 11	Firm's address 805 KING FARM BLVD., 3RD FLOOR ROCKVILLE, MD 20850		Phone no. 30	1-231-6200
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paper	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2013)

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	Tage 2
Ľ	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,118,859. including grants of \$) (Revenue \$ 2,599,729.)
	RAINN OPERATES THE NATIONAL SEXUAL ASSAULT HOTLINE (800.656.HOPE)
	AND THE NATIONAL SEXUAL ASSAULT ONLINE HOTLINE (A SECURE WEB-BASED
	SUPPORT HOTLINE AT ONLINE.RAINN.ORG). RAINN ALSO OPERATES THE DOD
	SAFE HELPLINE, SERVICES FOR MEMBERS OF THE US MILITARY AFFECTED BY
	SEXUAL ASSAULT, THROUGH A CONTRACT FROM THE DEPARTMENT OF DEFENSE.
	ALL SERVICES ARE PROVIDED FREE TO VICTIMS OF SEXUAL ASSAULT.
	ALL DERVICES ARE IROVIDED FREE TO VICTIMS OF SERVAL ASSAULT.
4 1-	(Code:) (Expenses \$
40	
	PUBLIC EDUCATION: RAINN EDUCATES THE PUBLIC ABOUT SEXUAL VIOLENCE,
	WORKING WITH NATIONAL MEDIA AND THE ENTERTAINMENT INDUSTRY TO
	ENSURE THAT ACCURATE INFORMATION IS COMMUNICATED. THE ORGANIZATION
	ALSO OPERATES RAINN.ORG AND SOCIAL MEDIA PLATFORMS TO PROVIDE
	INFORMATION AND REFERRALS AND ENGAGE WITH SURVIVORS, LOVED ONES,
	THE MEDIA AND OTHERS. THROUGH AN ANNUAL COLLEGE PROGRAM AND OTHER
	COMMUNITY ACTIVITIES, RAINN ALSO RECRUITS, TRAINS AND MOBILIZES
	VOLUNTEERS TO TEACH AT-RISK POPULATIONS ABOUT SEXUAL ASSAULT
	PREVENTION AND RECOVERY.
4c	(Code:) (Expenses \$243,917. including grants of \$) (Revenue \$)
	PUBLIC POLICY: RAINN ANALYZES, DEVELOPS AND PROMOTES PUBLIC POLICY
	CHANGES TO IMPROVE THE CRIMINAL JUSTICE SYSTEM, BRING MORE RAPISTS
	TO JUSTICE, HELP VICTIMS, AND REDUCE THE INCIDENCE OF SEXUAL
	VIOLENCE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,106,549.

4e Total program service expenses ► 3,106,

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	!		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		3.7
4 -	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
n	n i res to inte zoa, diu the organization attach a copy of its auditeu illiancial statements to this fetum?	ZUD	1	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	,			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
-	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, 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? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24	·	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
22	Part I	J 1		27
32		22		Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 147	26	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
2 2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		- 21
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
₹a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 11		
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	, p			

JSA 3E1040 1.000 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	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 Lab	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə <i>.)</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,	,-	,
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			. ,
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
-	Organization: ▶scott berkowitz 1220 L street ste 505 Washington, DC 20005 202-544-1034			

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

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

- 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch unles:	s pe	ition more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)SCOTT BERKOWITZ	40.00									
PRESIDENT	0	Х		Х				301,358.	0	0
(2)REGAN BURKE	2.00									
CHAIRPERSON	0	Х		Х				0	0	0
_(3)CYBELE_DALEY	2.00									
TREASURER	0	Х		Х				0	0	0
_(4)KATHERINE MILLER	2.00							_		_
BOARD MEMBER	0	Х						0	0	0
_(5)TRACY SEFL	2.00									•
SECRETARY	0	Х		Х				0	0	0
_(6)KATHERINE HULL VP COMMUNICATIONS	40.00					х		109,697.	0	3,600.
						Λ		109,097.	0	3,000.
(10)										
(11)										
(12)										
(13)										
(14)										

Form **990** (2013)

JSA

Form 990 (2013) Page

Form	990 (2013)												F	Page 8
Par	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	Hig	hest Compensat	ed Emplo	yees (c	continue	ed)	
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average				ition			Reportable	Report		Fs	timated	
	reame and title	hours per	(do r	not c			e than o	ne	compensation	compensati		1	nount of	
		week (list any	,				is both		from	relate		1	other	
		hours for	office	er an	dad	lirect	or/trust	ee)	the	organiza		com	pensatio	on
		related	or Inc	l Ins	읖	<u>&</u>	육동	Fo	organization	(W-2/1099		fre	om the	
		organizations	di Ki	Ē	Officer	Key employee	plo	Former	(W-2/1099-MISC)		/	_	anizatio	
		below dotted	dual	Ē	¬	필	st c	~				1	d related	
		line)	7 2	<u>a</u>		oye	<u> </u>					orga	anizatior	าร
			Individual trustee or director	Institutional trustee		Ф) en							
			Φ	tee			Highest compensated employee							
							a a							
		L												
		T												
		†	1											
		 												
														
			-											
		<u> </u>												
		L												
		T												
		†												
		 												
	Sub total								411,055.		0		3 6	00.
	Sub-total								111,033:		0		3,0	0
	Total from continuation sheets to Part VII, S	-							_				2 (
	Total (add lines 1b and 1c)							_	411,055.	<u> </u>	0		3,0	500.
	Total number of individuals (including but not				d al	bove	e) who	o re	eceived more than	\$100,000	of			
	reportable compensation from the organization	n ▶	2	2										
													Yes	No
3	Did the organization list any former office	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highes	t compens	sated			
	employee on line 1a? If "Yes," complete Sched											3		X
	For any individual listed on line 1a, is the													
	organization and related organizations gre individual								complete scriedu	i c J IUI	SUUII	4	х	
											اعتاما	7	23	
	Did any person listed on line 1a receive or											-		v
	or services rendered to the organization? If "Yo	es, comple	ie Scr	ieal	iie J	ior	sucn	ρer	SUII			5		X
	tion B. Independent Contractors		1						hat and the	(l				
	Complete this table for your five highest com													
	compensation from the organization. Report of	compensati	on for	the	ca	ienc	ar ye	ar e	enaing with or with	nin the orga	anizatio	n's tax		
	/ear.													
	(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 135,042. 1a Federated campaigns 1b Membership dues С Fundraising events 59,610 d Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 1,006,298 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 1,200,950 Program Service Revenue **Business Code** 624100 SERVICE FEES 2,599,729 2,599,729 b All other program service revenue 2,599,729 Investment income (including dividends, interest, and 6,535. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue Gross income from fundraising ATCH 3 events (not including \$ _____59,610. of contributions reported on line 1c). See Part IV, line 18 146,701 111,102 111,102 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities . _ _ 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold b Net income or (loss) from sales of inventory <u>.</u>.▶ -4,137 -4,137 Miscellaneous Revenue **Business Code** 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 2,599,729 113,500.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	·		·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	O			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	308,690.	266,385.	21,153.	21,152.
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			
7	Other salaries and wages	1,841,378.	1,676,575.	21,912.	142,891.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,664.	59,290.	640.	4,734.
9	Other employee benefits	78,011.	71,966.	204.	5,841.
10	Payroll taxes	154,334.	140,513.	1,842.	11,979.
11 a	Fees for services (non-employees): Management	0			
	Legal	28,887.	28,887.		
	Accounting	32,040.	29,797.	299.	1,944.
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
1	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	104,555.	100,885.	513.	3,157.
14	Information technology	103,045.	99,887.		3,158.
15	Royalties	0			
16	Occupancy	228,099.	208,765.	2,577.	16,757.
17	Travel	29,233.	29,110.		123.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,563.	3,549.		14.
20	Interest	8,549.	7,784.	102.	663.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,354.	13,069.	171.	1,114.
23	Insurance	11,233.	11,005.	30.	198.
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 O.)				
	CREDIT_CARD & BANK_FEES	19,094.	2,391.	636.	16,067.
	PUBLIC_EDUCATION	208,546.	208,462.		84.
c	COMMUNICATIONS AND OUTREACH	76,209.	51,470.		24,739.
d	SOFTWARE	11,982.	11,982.		
е	All other expenses	91,299.	84,777.	257.	6,265.
	Total functional expenses. Add lines 1 through 24e	3,417,765.	3,106,549.	50,336.	260,880.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
JSA	10110Willing 0.01 00°2 (A.00 000-120)	0			F 000 (0040)

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Form 990 (2013) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
		Chock ii Concadio C containo a response or	11010		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			87,654.	1	174,995.
	2	Savings and temporary cash investments			1,789,465.	2	2,564,374.
	3	Pledges and grants receivable, net			416,101.	3	166,637.
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0	5	0
	6	Loans and other receivables from other disqualified persistence 4958(f)(1)), persons described in section 4958(c)(3)(B).	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary			
S	_	organizations (see instructions). Complete Part II of Sche			0		0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			04 670	8	0
	9	Prepaid expenses and deferred charges			24,678.	9	22,063.
	10 a	Land, buildings, and equipment: cost or	10-	585,334.			
	h		10a		447,964.	100	403,824.
	11	Less: accumulated depreciation			447,904.		103,824.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			0	12	0
	13	Investments - other securities. See Part IV, line 11			0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11			33,976.		33,976.
	16	Total assets. Add lines 1 through 15 (must equal			2,799,838.		3,365,869.
	17	Accounts payable and accrued expenses			258,765.		297,618.
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
es	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and for					
ja ja		trustees, key employees, highest compen					
_		disqualified persons. Complete Part II of Schedule			186,960.		159,478.
	23	Secured mortgages and notes payable to unrelate			0		0
	24	Unsecured notes and loans payable to unrelated to			0	24	0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		•		' '	394,877.	25	453,123.
	26	of Schedule D			840,602.	26	910,219.
_	20	Organizations that follow SFAS 117 (ASC 958),			010,002.	20	310/213.
es		complete lines 27 through 29, and lines 33 and		Chore P unu			
JL C	27	Unrestricted net assets			1,954,861.	27	2,451,275.
3ak	28	Temporarily restricted net assets			4,375.	28	4,375.
둳	29	Permanently restricted net assets		<u></u> [0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 📗 and			
ts	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ				31	
Ä	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • •	1,959,236.	33	2,455,650.
	34	Total liabilities and net assets/fund balances	<u> </u>		2,799,838.	34	3,365,869.
Net Assets or	33	Total net assets or fund balances				33	

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,9	14,1	79.		
2								
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	59,2	236.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6				0		
7	Investment expenses	7				0		
8	Prior period adjustments	8				0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		2,4	55,6	550.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
			Г		Yes	No		
1	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							
2-	Schedule O.					3.7		
Za	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 con	ماده		2a		X		
	reviewed on a separate basis, consolidated basis, or both:	ipiied	01					
				2b	х			
b	Were the organization's financial statements audited by an independent accountant?			20	21			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	iea o	n a					
	Separate basis Consolidated basis Both consolidated and separate basis							
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht						
C	of the audit, review, or compilation of its financial statements and selection of an independent account	-	,	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	λριαιι	' '''					
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in					
Ja	the Single Audit Act and OMB Circular A-133?	· ioiti		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization RAPE, ABUSE & INCEST NATIONAL NETWORK

(RAINN)

Employer identification number
52-1886511

(10	HIMIN	<u>′</u>									-T00	33TT		
Pa	art I	Reason for Pub	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions				
The	orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i)					
2		A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	le E.)									
3		A hospital or a coo	perative hospital s	service organization descri	ibed in	sectio	n 170(k)(1)(A)	(iii).					
4		A medical researc	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(k)(1)(<i>A</i>	A)(iii).	Enter	the
		hospital's name, cit	y, and state:											
5		An organization op	erated for the be	nefit of a college or univ	ersity	owned	l or ope	erated l	by a go	vernme	ntal u	nit des	cribe	d in
		section 170(b)(1)(A			-				-					
6				or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).					
7	Х		-	es a substantial part of it						it or fro	om the	e gene	ral p	ublic
		described in sectio	•	·	• • •		J					J	•	
8				on 170(b)(1)(A)(vi). (Com	nplete F	Part II.)								
9	П			es: (1) more than 331/3%	-			contrib	outions.	memb	ership	fees.	and c	ıross
		=	=	exempt functions - subj							-		_	
		· · · · · · · · · · · · · · · · · · ·		ome and unrelated busi			-							
		• • • •		ne 30, 1975. See section				-			,			
10				ited exclusively to test for			-		-	١.				
11	Н		-	rated exclusively for the	-	-				-	or to	o carr	/ out	the
•		_	-	apported organizations de			-					-		
				pes the type of supporting					-					
		a Type I		c Type III-Function	_			· —		I-Non-fu	-		tegra	ted
	•			e organization is not con	-	_						•	_	
			•	other than one or more			•	•	•				•	
		or section 509(a)(2	-		p a.ə	,	0.100.0	. 9			u u		,,,,,,,	~/(· /
1				en determination from th	e IRS	that it	is a T	vne I 1	Type II	or Typ	و ااا م	unnort	ina	
		organization, check		m dotomination nom th	0 1110	tilat it	10 4 1	ypo	i ypo ii,	от тур	0 111 0	арроп	9	
	1	_		nization accepted any gift	t or cou	ntributi	ion from	any of	f the				!	
,	9	following persons?	.000, rias tric orga	mzation accepted any gin	. 01 001	itiibati	011 11011	i arry or	T LITO					
		= :	directly or indirec	tly controls, either alone	or toge	ather v	with ne	renne d	escribe	d in (ii)	and		Yes	No
		• • • • • • • • • • • • • • • • • • • •		f the supported organization	_	Strict V	with pe	30113 0	CSCIDO	a III (II)	ana	11g(i)		
				scribed in (i) above?								11g(ii)		
					boyo2									
	_	• •		d entity of a person described in (i) or (ii) above? information about the supported organization(s).										
'	1 (2) N.		T		1		() 5: 1				(-::\ A		,	
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organiz	ls the zation in		ou notify anization		s the zation in	(VII) A	mount o		etary
				above or IRC section		listed in overning) of your		rganized				
				(see instructions))	docui	ment?		oort?		U.S.?	-			
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
(D)														
(E)														
Tot	al_													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,272,109.	1,296,351.	1,667,860.	1,064,415.	1,200,950.	6,501,685.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,272,109.	1,296,351.	1,667,860.	1,064,415.	1,200,950.	6,501,685.
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)						72,605.
6	Public support. Subtract line 5 from line 4.						6,429,080.
	tion B. Total Support	(a) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 2012	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,272,109.	1,296,351.	1,667,860.	1,064,415.	6,535.	6,501,685. 13,876.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	031.	1,100.	1,700.	3,130.	0,333.	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						6,515,561.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	4,541,194.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (li		•			14	98.67%
15	Public support percentage from 2012	•				15	99.10%
16a	331/3% support test - 2013. If the o						
	this box and stop here. The organization						> LX
b	331/3% support test - 2012. If the c	-					
47-	check this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t			=	•	-	apported
	organization 10%-facts-and-circumstances test - 2						and line
D			•				
	15 is 10% or more, and if the organization Explain in Part IV how the organization						-
					•	•	Publicly
18	supported organization Private foundation. If the organization						•
10	•						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(3) 20 : 0	(0) 20	(4) 20.2	(0, 20.0	(1) 1 010.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	-			•		
	organization, check this box and stop here						<u></u>
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8					15	%
16	Public support percentage from 2012 Sche					16	%
<u>Sec</u>	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2013 (li					17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the or					re than 331/3 %	, and line
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifie	s as a publicly	supported orga	nization 🕨
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported orga	nization -
20	Private foundation. If the organization			-			. —

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

RAPE, ABUSE & INCE: (RAINN)	52-1886511						
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation					
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule . 1(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See					
General Rule							
property) from an	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 by one contributor. Complete Parts I and II.	or more (in money or					
Special Rules							
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form and II.	he year, a contribution of					
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from otal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitroposes, or the prevention of cruelty to children or animals. Complete Parts I, I	able, scientific, literary,					
during the year, or not total to more year for an <i>exclus</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions that we <i>ively</i> religious, charitable, etc., purpose. Do not complete any of the parts unleganization because it received <i>nonexclusively</i> religious, charitable, etc., contributed.	nese contributions did re received during the ess the General Rule butions of \$5,000 or					
=	at is not covered by the General Rule and/or the Special Rules does not file soust answer "No" on Part IV, line 2, of its Form 990; or check the box on line	· ·					

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization RAPE, ABUSE & INCEST NATIONAL NETWORK (RAINN)

Employer identification number 52-1886511

	,		
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$45,874.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$112,133.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$51,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$25,000.	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
6 _		\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization RAPE, ABUSE & INCEST NATIONAL NETWORK Employer identification number 52-1886511 (RAINN)

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)
(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 RAPE, ABUSE & INCEST NATIONAL NETWORK

(RAINN)

Employer identification number
52-1886511

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization RAPE, ABUSE & INCEST NATIONAL NETWORK **Employer identification number** (RAINN) 52-1886511 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (c) Use of gift (b) Purpose 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 B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions. instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.	.x, o o ooo 22, . u	it t, illio ooo (i loxy lax), a	
		SE & INCEST NATIONAL NET	WORK	Employer identi	fication number
	AINN)		· · ·	52-188	36511
		organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1		organization's direct and indirect p		_	
2	•				
3					
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	•	organization is exempt under	• • • • • • • • • • • • • • • • • • • •).
1		expended by the filing organization			
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En			
4	Did the filing organization fil	e Form 1120-POL for this year?		P •	Yes No
5	Enter the names addresses	and employer identification numb	er (FIN) of all section	on 527 political organiza	ations to which the filing
Ŭ		s. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (I	PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runus. Il florie, effici -o	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
<u></u>					
(6)					

V 13-7.5F

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

Schedule C (Form 990 or 990-EZ) 2013

Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under				
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's				
В	Check ▶ if the filing organization checked box A and "limited control" provisions apply.							
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a	Total lobbying expenditures to influence	ce public opinion (grass roots lobbying)	4,190.					
k		ce a legislative body (direct lobbying)	36,485.					
c		1a and 1b)	40,675.					
c		3,377,090.						
e	-	3,417,765.						
f	Lobbying nontaxable amount. Enter							
	columns.		320,888.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
Ç	g Grassroots nontaxable amount (enter	,	80,222.					
ŀ	Subtract line 1g from line 1a. If zero of	r less, enter -0-	0	0				
i	Subtract line 1f from line 1c. If zero or	,	0	0				
j		o on either line 1h or line 1i, did the organiar?		Yes No				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures 37,150. 24,927. 25,025. 40,675. 127, d Grassroots nontaxable amount 57,998. 64,066. 70,601. 80,222. 272,8		Lobbying Expenditures During 4-Year Averaging Period											
b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures 37,150. 24,927. 25,025. 40,675. 127, d Grassroots nontaxable amount 57,998. 64,066. 70,601. 80,222. 272,8	• ` `	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total							
(150% of line 2a, column (e)) c Total lobbying expenditures 37,150. 24,927. 25,025. 40,675. 127, d Grassroots nontaxable amount 57,998. 64,066. 70,601. 80,222. 272,8	2a Lobbying nontaxable amount	231,990.	256,265.	282,404.	320,888.	1,091,547.							
d Grassroots nontaxable amount 57,998. 64,066. 70,601. 80,222. 272,3 e Grassroots ceiling amount	, ,					1,637,321.							
57,998. 64,066. 70,601. 80,222. 272,6	c Total lobbying expenditures	37,150.	24,927.	25,025.	40,675.	127,777.							
	d Grassroots nontaxable amount	57,998.	64,066.	70,601.	80,222.	272,887.							
	<u> </u>					409,331.							
f Grassroots lobbying expenditures 679. 933. 1,270. 4,190. 7,	f Grassroots lobbying expenditures	679.	933.	1,270.	4,190.	7,072.							

Schedule C (Form 990 or 990-EZ) 2013

Part II-B

Schedule C (Form 990 or 990-EZ) 2013 Page 3

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 5768		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	ription of the lobbying activity.	Yes	No	Α	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
_	referendum, through the use of:					
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	• • • • • • • • • • • • • • • • • • • •					
d	Mailings to mambaga lagislators or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	or s	oction		
ıaı	501(c)(6).	C)(J)	, UI 3	CUOII		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Par	III-B Complete if the organization is exempt under section 501(c)(4), section 501(-		0 !-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."			rt III-A, II	ne 3, is	
	Dues, assessments and similar amounts from members			1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts	of			
	political expenses for which the section 527(f) tax was paid).					
	Current year			2a		
	Carryover from last year			2b 2c		
с 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	9	• • •	3		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	-	ne l			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo					
	and political expenditure next year?	_	- 1	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup	list); P	Part II-A, li	ne 2; and	ł
Part	I-B, line 1. Also, complete this part for any additional information.					

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Part I

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

(a) Donor advised funds

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Open to Public

OMB No. 1545-0047

Name of the organization RAPE, ABUSE & INCEST NATIONAL NETWORK (RAINN)

Inspection Employer identification number 52-1886511 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. (b) Funds and other accounts

1 2 2	Total number at end of year Aggregate contributions to (during year)				
3 4	Aggregate grants from (during year)				
5	Did the organization inform all donors and donor adv	visors in writing that th	e assets held ir	n dono	r advised
•	funds are the organization's property, subject to the or	-			
6	Did the organization inform all grantees, donors, and o	-	-		• • • • • • • • • • • • • • • • • • • •
	only for charitable purposes and not for the benefit of				
	conferring impermissible private benefit?			-	
Par	rt II Conservation Easements. Complete if the	organization answere	ed "Yes" to Fo	rm 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org	ganization (check all tha	t apply).		
	Preservation of land for public use (e.g., recreation	ion or education)	Preservation	of an h	istorically important land area
	Protection of natural habitat		Preservation	of a ce	rtified historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held	a qualified conservation	n contribution i	n the fo	orm of a conservation
	easement on the last day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements .			2b	
С	Number of conservation easements on a certified hist	toric structure included	in (a)	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06, a	nd not on a		
	historic structure listed in the National Register				
3	Number of conservation easements modified, transfe	rred, released, extingu	ished, or termi	nated b	y the organization during the
	tax year ▶				
4	Number of states where property subject to conserva				
5	Does the organization have a written policy regarding	•		_	
	violations, and enforcement of the conservation easen				
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing o	onservation ea	semen	ts during the year
_	>				
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conse	rvation easeme	ents du	ring the year
	Dana and appropriation assembly appropriated on line 2	(d) above actions the re	audromonto of o	a ation	170/h)/4)/D)
8	Does each conservation easement reported on line 2		•		
9	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports cor	aconvetion accoments	in its revenue ar	d ovno	
9	balance sheet, and include, if applicable, the text of the			-	
	organization's accounting for conservation easements.		inzation 5 iman	Jiai Sta	terrents that describes the
Par	rt III Organizations Maintaining Collections of		sures. or Othe	er Sim	ilar Assets.
	Complete if the organization answered "Ye				
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a public service, provide, in Part XIII, the text of the footr	S 116 (ASC 958), not assets held for public note to its financial state	to report in its exhibition, edi ements that de	revenu ucation scribes	ue statement and balance sheet , or research in furtherance of these items.
b	If the organization elected, as permitted under SFA	AS 116 (ASC 958), to	report in its	revenu	e statement and balance sheet
	works of art, historical treasures, or other similar a public service, provide the following amounts relating	assets held for public to these items:	exhibition, ed	ucation	, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1 .				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, I	·			for financial gain, provide the
	following amounts required to be reported under SFAS	,	•		. .
a h	Revenues included in Form 990, Part VIII, line 1				
<u>b</u>	Assets included in Form 990, Part X				

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2**

Par	rt III Organizations Maintaining Co	ollections of	Art, His	torical T	reasur	res,	or Oth	ner Similar Ass	sets (cont	inued)	_
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	other reco	ds, check	c any c	of the	follow	ing that are a si	gnificant u	se of its	
а	Public exhibition		d	Loan	or exch	ange	progran	ns			
b	Scholarly research		e								
c	Preservation for future generations	:									
4	Provide a description of the organization		and aval	ain how t	hov fu	rthar	the or	ranization's even	nt nurnos	in Part	
	XIII.		-		-				ipi puiposi	z III i ait	
5	During the year, did the organization solid										
	assets to be sold to raise funds rather that									No	_
Par	or reported an amount on Forn			ne organ	ızatıon	ans	werea	"Yes" to Form 9	90, Part I	7, IIne 9	,
1a	Is the organization an agent, trustee, cusincluded on Form 990, Part X?			-					Yes	☐ No	,
b	If "Yes," explain the arrangement in Part 2										
								Amount			_
С	Beginning balance					1c					_
d	Additions during the year					1d					_
е	Distributions during the year					1e					-
f	Ending balance					1f					-
2a	Did the organization include an amount of								Yes	No	_
b	If "Yes," explain the arrangement in Part	XIII. Check he	re if the ex	planation	has be	en pr	ovided	in Part XIII			
	t V Endowment Funds. Complete										-
		Current year	(b) Prid				rs back	(d) Three years back		ears back	-
1a	-			-							-
b	Contributions										-
С	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										-
_	Provide the estimated percentage of the		nd balana	/line 1 a	001:000	2 (2))	hald as				-
2 a	Board designated or quasi-endowment		%	e (iiile 1g,	Column	i (a))	neiu as	•			
a b	Permanent endowment	· ·/									
	Temporarily restricted endowment	%									
C	The percentages in lines 2a, 2b, and $\overline{2c}$ s		Λ Λ 0/2								
20	Are there endowment funds not in the po	•		ation that	ara hal	ld and	d admir	vistored for the			
Ja	organization by:	7556551011 01 11	ie organiza	allon lhat	are nei	iu aiii	a aumin	iistered for the	<u></u>	NI .	-
	· ·									'es No	_
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations If "Yes" to 3a(ii), are the related organizat								3a(ii)		_
b	().		•						. 3b		_
4	Describe in Part XIII the intended uses of		ion's endo	wment für	ias.						_
Par	t VI Land, Buildings, and Equipmer Complete if the organization a	nt. Inswered "Ye	es" to Forn	n 990 Pa	art IV I	line 1	11a S	e Form 990 P	art X line	10	
	Description of property		other basis	(b) Cost o				cumulated	(d) Book valu		-
		(inves	tment)		ther)	\perp		eciation			_
1a	Land					_					_
b	Buildings										_
С	Leasehold improvements	•			63,30			37,490.		5,811.	_
d	Equipment	-		2	222,03	33.	1	44,020.	7	8,013.	_
<u>e</u>	Other										_
Tota	al. Add lines 1a through 1e. (Column (d) m	nust equal Forn	n 990. Part	X. column	n (B), lir	ne 10	(c).).	▶	40	3,824.	

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Schedule D (Form 990) 2013 Page 3

	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	ial derivatives		
(2) Closely	y-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"Yes" to Form 990	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	"Voo" to Form 000	Part IV line 11d See Form 000 Part V line 15
			, Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
	lumn (b) must equal Form 990, Part X, col. (B) li	no 15)	
Part X	Other Liabilities.	ne 13.)	
Pail X		"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	eral income taxes	(b) Book valu	
(1) Fede	i ai ii ooii o taxoo		
		453.	123.
(2) DEFE	CRRED RENT	453,	123.
(2) DEFE (3)		453,	123.
(2) DEFE (3) (4)		453,	123.
(2) DEFE (3) (4) (5)		453,	123.
(2) DEFE (3) (4) (5) (6)		453,	123.
(2) DEFE (3) (4) (5) (6) (7)		453,	123.
(2) DEFE (3) (4) (5) (6) (7) (8)		453,	123.
(2) DEFE (3) (4) (5) (6) (7) (8) (9)		453,	

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 X

JSA
3E1270 1.000

Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013 Page **4**

Jonoaa	5 2 (1.51.11.533) 23.15		1 agc 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total revenue, gains, and other support per audited financial statements	1	4,587,198.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •	1,307,1301
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 666,489	9.	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	666,489.
3	Subtract line 2e from line 1	. 3	3,920,709.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -6,53	0.	
C	Add lines 4a and 4b	. 4c	-6,530.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,914,179.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	1	4,080,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	1700072011
а	Donated services and use of facilities 2a 655,939	.	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 6,53).	
е	Add lines 2a through 2d	2e	662,469.
3	Subtract line 2e from line 1	3	3,417,765.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 4c	
5		. 5	3,417,765.
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Dort \/ li	no 4: Dort V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		
	PAGE 5		
	FAGE J		

JSA 3E1271 1.000 Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE

PART XI LINE 4B

THE COST OF GOODS SOLD ON THE INCOME STATEMENT (PART VIII LINE 10B) IS \$6,530. THIS IS A REDUCTION IN REVENUE NOT INCLUDED IN THE AUDITED FINANCIAL STATEMENTS.

RECONCILIATION OF EXPENSES

PART XII LINE 2D

THE COST OF GOODS SOLD ON THE INCOME STATEMENT (PART VIII LINE 10B) IS \$6,530. THIS IS A REDUCTION OF REVENUE ON THE 990, INCLUDED IN THE EXPENSES OF THE AUDITED FINANCIAL STATEMENTS.

FINANCIAL STATEMENT FOOTNOTE REGARDING FIN 48 LIABILITY

PART X LINE 2

RAINN EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF MAY 31, 2014 AND 2013, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2010 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Inspection Internal Revenue Service Name of the organization RAPE, ABUSE & INCEST NATIONAL NETWORK Employer identification number (RAINN) 52-1886511 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

____Page **2**

Schedule G (F	Form 990 or 990-EZ) 2013
Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 ONLINE RAFFLE	(b) Event #2 DC EVENT	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	146,701.	59,610.		206,311
Œ	2	Less: Contributions		59,610.		59,610
		Gross income (line 1 minus				,
		line 2)	146,701.			146,701
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages		7,472.		7,472
Direct	8	Entertainment				
	9	Other direct expenses	24,018.	4,109.		28,127
	10	Direct expense summary. Add lines 4	4 through 9 in column (d))	•	35,599
	11	Net income summary. Subtract line 1	0 from line 3, column (d)		111,102
Pa			anization answered "Y			rted more
Revenue			(a) Bingo	(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				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
	a Is	Inter the state(s) in which the organizates the organization licensed to operate generate generates.				Yes No
		Vere any of the organization's gaming l "Yes," explain:	licenses revoked, suspe	ended or terminated durir	ng the tax year?	. Yes No

Sched	Tule G (Form 990 or 990-EZ) 2013
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility 13a %
_ b	An outside facility
14	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
C	in res, enter name and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	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 \$\bigs\\$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(RAINN)

RAPE, ABUSE & INCEST NATIONAL NETWORK

Employer identification number 52-1886511

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	2		
_	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		
a	The organization?	5a		X
b	Any related organization?	5b		X
6	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6	compensation contingent on the net earnings of:			
а	· · · · · · · · · · · · · · · · · · ·	6a		Х
	The organization? Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	0.5		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

RAPE, ABUSE & INCEST NATIONAL NETWORK 52-1886511

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation		reportable	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
SCOTT BERKOWITZ	(i)	301,358.	(0	0	C	301,358.	0
1 PRESIDENT	(ii)	0	(0	C) (0
	(i)							
2	(ii)			T				
	(i)							
3	(ii)			T				
	(i)							
4	(ii)			T				
	(i)							
5	(ii)			T				
	(i)							
6	(ii)			T				
	(i)							
_7	(ii)							
	(i)							
_8	(ii)							
	(i)		L					L
9	(ii)							
	(i)		L					L
10	(ii)							
	(i)		L					L
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)			<u> </u>				
14	(ii)							
	(i)			ļ				
15	(ii)							
	(i)			ļ				
16	(ii)							

RAPE, ABUSE & INCEST NATIONAL NETWORK 52-1886511

Schedule J (Form 990) 2013

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2013

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RAPE, ABUSE & INCEST NATIONAL NETWORK

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Employer identification number

(RAINN) 52-1886511

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

	Complete if the organization and	swered "Yes" on Form 990, Part IV, line 25	a or 25b, or Form 990-EZ, Part V, line 40b.		
1	(a) Name of disqualified person	(b) Relationship between disqualified person	(c) Description of transaction	(d) Con	rected?
•	(a) Hame of dioqualities percent	and organization	(c) Bosonphon of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year		
	under section 4958		▶ \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	default?	(h) Ap by bo comm	ard or	(i) W agree	
			То	From			Yes	No	Yes	No	Yes	No
(1) A & I PUBLISHING LLC	PRESIDENT	COMPENSATION		X	288,000.	159,478.		Х	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	159,478.						

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

(RAINN)

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.

RAPE, ABUSE & INCEST NATIONAL NETWORK

Employer identification number 52-1886511

PROCESS TO REVIEW FORM 990

PART VI SECTION B QUESTION 11B

THE DRAFT 990 IS EMAILED TO THE ENTIRE BOARD BEFORE FILING. ANY
QUESTIONS OR ISSUES RAISED BY BOARD MEMBERS ARE RESOLVED BEFORE THE
RETURN IS FILED. RAINN ALSO HAS AN INDEPENDENT AUDIT COMMITTEE THAT
OVERSEES LEGAL AND FINANCIAL COMPLIANCE.

MONITOR AND ENFORCEMENT OF A WRITTEN CONFLICT OF INTEREST POLICY
PART VI SECTION B QUESTION 12A-C

THE BOARD ADOPTED ITS CURRENT CONFLICT OF INTEREST POLICY IN 2006 AND AMENDED ITS BYLAWS TO INCLUDE THE POLICY. THE POLICY IS REVIEWED WITH NEW BOARD MEMBERS, AND THEY ARE REQUIRED TO SIGN IT UPON ELECTION TO THE BOARD. THE POLICY IS REVIEWED WITH THE ENTIRE BOARD ANNUALLY, AND EACH BOARD MEMBER MUST SIGN AND ACKNOWLEDGE COMPLIANCE WITH THE POLICY EACH YEAR.

PROCESS TO DETERMINE COMPENSATION

PART VI SECTION B QUESTION 15

THE PROCESS OF DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,

EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS BASED ON PAY OF COMPARABLE

POSITIONS AT COMPARABLE ORGANIZATIONS AND INCLUDES A REVIEW AND APPROVAL

BY THE BOARD OF DIRECTORS. THE CEO IS RECUSED FROM THE BOARD'S

CONSIDERATION OF HIS COMPENSATION.

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization RAPE , ABUSE & INCEST NATIONAL NETWORK

(RAINN)

Employer identification number

52-1886511

AVAILABLE TO THE PUBLIC

PART VI SECTION C QUESTION 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RAINN OPERATES THE NATIONAL SEXUAL ASSAULT HOTLINE (800-656-HOPE),

ONLINE HOTLINE (ONLINE.RAINN.ORG) AND DOD SAFE HELPLINE, ALL OF WHICH

PROVIDE FREE, CONFIDENTIAL SUPPORT TO SURVIVORS OF SEXUAL VIOLENCE.

RAINN ALSO EDUCATES THE PUBLIC AND LEADS NATIONAL EFFORTS TO PREVENT

SEXUAL ASSAULT AND BRING MORE RAPISTS TO JUSTICE.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, CA, CO, CT,

DC, FL, GA, KY, ME, MD, MA, MI,

MN, MS, MT, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

59,610.

TOTAL 59,610.