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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**SAFELINE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 368

Room/suite

City or town, state or country, and ZIP + 4

CHELSEA**VT 05038****D** Employer identification number**03-032395****E** Telephone number**802-658-7900****G** Gross receipts \$**462,107****F** Name and address of principal officer**NIKA GRACI****24 NORTH MAIN STREET, APT # 2****RANDOLPH****VT 05060****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates

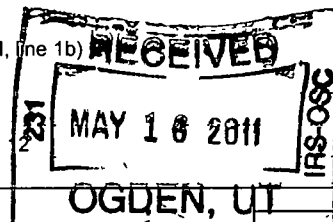
included?

☐ Yes☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.ORG.SITES.COM/VT/SAFELINE1/****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1991****M** State of legal domicile **VT****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities		
	Safeline strives to end physical, emotional and sexual violence against women and girls through direct service, education, advocacy and social change.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	20
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 2		
	7b Net unrelated business taxable income from Form 990-T, line 34	0	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	443,255	462,107
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	443,255	462,107
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	271,787	301,969
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,887		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	171,830	168,781
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	443,617	470,750
	19 Revenue less expenses Subtract line 18 from line 12	-362	-8,643
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	20,908	33,770	
22 Net assets or fund balances Subtract line 21 from line 20	27,155	48,660	
		-6,247	-14,890

**Part II Signature Block**

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

Sign
Here

Signature of officer

NIKA GRACI

Date

5/11/11

Type or print name and title

EXECUTIVE DIRECTOR**Paid
Preparer's
Use Only**Preparer's
signature**Daniel Angelo**

Date

05/02/11Check if
self-
employed ☐Preparer's identifying number
(see instructions)
P00124210Firm's name (or yours
if self-employed),
address, and ZIP + 4**Angolano & Company CPA PC****PO Box 639****Shelburne, VT 05482-0639**

EIN ▶

03-0322470

Phone

no ▶ 802-985-8992

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

DAA

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

Safeline strives to end physical, emotional and sexual violence against women and girls through direct service, education, advocacy and social change.

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

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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **60,801** including grants of \$) (Revenue \$)
HOTLINE/CRISIS SERVICES - A trained advocate is available 24 hours a day, seven days a week through a telephone hotline to assist anyone in an emotional, physical &/or sexually violent situation.

4b (Code) (Expenses \$ **135,917** including grants of \$) (Revenue \$)
LEGAL SERVICES & ADVOCACY - Safeline staff, volunteers and professional legal aids provide legal information, assistance with Protection Orders, Court Advocacy, Legal Information Sessions, Legal Clinics and Limited/Full Legal Representation.

4c (Code) (Expenses \$ **72,477** including grants of \$) (Revenue \$)
EDUCATION & OUTREACH - trained advocates help victims brainstorm ways and plans to stay safe. Advocates also meet victims at the hospital if they have been physically and/or sexually abused and require medical attention; or they can meet victims in person outside the hospital or by telephone to discuss available resources-housing, food, medical, legal, etc...

4d Other program services (Describe in Schedule O)(Expenses \$ **144,240** including grants of \$) (Revenue \$)**4e** Total program service expenses **413,435**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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		
• 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		
• Did the organization report an amount for other assets related 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		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 I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	2		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and 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?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
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).		
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	4	
b Enter the number of voting members that are independent	4	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **NIKA GRACI**

348 Main Street, Rt 110, Chelsea VT

Chelsea

VT 05038

802-685-7900

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	432,269			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,838			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		462,107			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions			462,107	0	0	0

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,815	43,962	3,879	974
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	204,195	181,134	19,205	3,856
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,180	22,911	1,787	482
10 Payroll taxes	23,779	21,636	1,688	455
11 Fees for services (non-employees)				
a Management				
b Legal	2,750	2,750		
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	14,159	7,976	4,783	1,400
12 Advertising and promotion	1,508	1,508		
13 Office expenses	10,123	3,848	6,138	137
14 Information technology				
15 Royalties				
16 Occupancy	29,642	22,635	5,770	1,237
17 Travel	14,256	12,774	1,432	50
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,090	545	43	502
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,000	3,633	289	78
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Client Cash Assistance	76,998	76,998		
b Pagers	3,210	2,916	231	63
c Hotline/Client Emergency	3,170	3,170		
d Education & Outreach	3,119	2,833	225	61
e Board Expenses	2,478	2,000	478	
f All other expenses	2,278	206	1,480	592
25 Total functional expenses. Add lines 1 through 24f	470,750	413,435	47,428	9,887
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	6,931	1	2,587
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	11,056	3	27,409
	4 Accounts receivable, net	88	4	360
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	313	7	1,113
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,520	9	2,301
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 13,122		
	b Less accumulated depreciation	10b 13,122	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,908	16	33,770	
Liabilities	17 Accounts payable and accrued expenses	10,949	17	16,344
	18 Grants payable		18	
	19 Deferred revenue		19	7,992
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	16,206	25	24,324
	26 Total liabilities. Add lines 17 through 25	27,155	26	48,660
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-6,247	27	-14,890
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-6,247	33	-14,890
34 Total liabilities and net assets/fund balances	20,908	34	33,770	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	114,048	198,388	325,320	443,255	462,107	1,543,118
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	114,048	198,388	325,320	443,255	462,107	1,543,118
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,543,118

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	114,048	198,388	325,320	443,255	462,107	1,543,118
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29	315	9			353
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,529					6,529
11 Total support. Add lines 7 through 10						1,550,000
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.50 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 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						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

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

Part II, Line 10 - Other Income Detail

\$ 6,529

**SCHEDULE D
(Form 990)**

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SAFELINE, INC.

Employer identification number

03-0332395

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,122	13,122	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

Part VII Investments Other Securities. See Form 990, Part VI, and VE.											
(a) Description of security or category (including name of security)										(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives											
Closely-held equity interests											
Other _____											

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶											

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

[illegible]

Part X Other Liabilities. See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	Bank Line of Credit	14,791
	Payroll Liabilities	7,781
	Mastercard Liability	1,752
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	24,324

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SAFELINE, INC.

Employer identification number

03-0332395

Form 990, Part I, Line 6

Volunteers assisted with hotline, community outreach, cleaning & phonathon.
This is in addition to those who sit on the board.

Form 990, Part III, Line 4d - All Other Achievements

HOUSING/ECONOMIC JUSTICE, CLIENT CASH ASSISTANCE, SUPPORT
GROUPS, MENTORING - Offering comprehensive housing support
services to victims and survivors for six to twelve
months; provides cash assistance to victims of abuse so
they can get the help they need to get back on their feet
in a positive direction; offers weekly support groups
and/or financial literacy courses; victims and
incarcerated women can choose to be paired with a mentor
who will help them to set goals, develop skills and
connect with resources.

HOUSING/ECONOMIC JUSTICE = \$51,305

CLIENT CASH ASSISTANCE = \$76,998

SUPPORT GROUPS/MENTORING = \$15,937

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation

There was no income earned that was outside of the tax exempt purpose.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

See attached copy of amended By-Laws.

Name of the organization

SAFELINE, INC.

Employer identification number

03-0332395

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

Form 990 is reviewed by the board and the Executive Director before filing.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

There was no income earned that was outside of the tax exempt purpose.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Available upon request.

For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

Name

Employer Identification Number

SAFELINE, INC.**03-0332395****Form 990, Part X, Line 7 - Additional Information**

Name of borrower	Relationship to disqualified person
(1) Employee Hardship Loan Receivable	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	313	1,113	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	313	1,113	

Safeline, Inc.
Depreciation Schedule
For Year Ended June 30, 2010

<u>Num</u>	<u>Description</u>	<u>Life</u>	<u>Method</u>	<u>Date Acquired</u>	<u>Orig. Cost</u>	<u>Beg. Accum. Depr.</u>	<u>Curr. Depr.</u>	<u>End Accum. Depr.</u>	<u>Remaining Basis</u>
Furniture & Equipment									
1	Conference Table	3 S/L		1/1/1993	\$ 50	\$ 50	\$ -	\$ 50	\$ -
2	1- 4 Drawer Filing Cabinet	3 S/L		1/1/1993	100	100	-	100	-
3	2- 2 Drawer Filing Cabinets	3 S/L		1/1/1993	40	40	-	40	-
4	Wooden Bookcase	3 S/L		1/1/1993	10	10	-	10	-
5	Calculator	3 S/L		1/1/1993	50	50	-	50	-
6	3 Beepers	3 S/L		1/1/1993	180	180	-	180	-
7	Office Ensemble	3 S/L		1/1/1996	250	250	-	250	-
8	Metal Computer Chair	3 S/L		1/1/1996	18	18	-	18	-
9	Beeper	3 S/L		1/1/1996	60	60	-	60	-
10	2 Beepers	3 S/L		1/1/1998	120	120	-	120	-
11	TV/VCR	3 S/L		1/1/1998	329	329	-	329	-
12	Phone/Ans Machine	3 S/L		1/1/1998	99	99	-	99	-
13	Refrigerator	3 S/L		6/17/1999	100	100	-	100	-
14	Fax Equipment	3 S/L		5/14/2001	100	100	-	100	-
15	Canopy	3 S/L		7/27/2001	105	105	-	105	-
16	Printer	3 S/L		9/30/2001	199	199	-	199	-
17	Xerox	3 S/L		4/19/2002	433	433	-	433	-
18	Computer	3 S/L		7/26/2002	1,514	1,514	-	1,514	-
19	Telecommunications	3 S/L		3/26/2003	1,000	1,000	-	1,000	-
20	Computer	3 S/L		5/15/2003	565	565	-	565	-
21	Pagers	3 S/L		6/25/2003	630	630	-	630	-
22	4 Cell Phones	3 S/L		9/10/2003	114	114	-	114	-
23	6 Pagers	3 S/L		12/22/2003	634	634	-	634	-
24	2 Used Laptop Computers	3 S/L		3/2/2006	357	357	-	357	-
25	3 Apple Computers	3 S/L		8/1/2009	4,318	4,318	-	4,318	-
26	1 Apple Computer	3 S/L		12/12/2006	1,747	1,747	-	1,747	-
Total Furniture & Fixtures					\$ 13,122	\$ 13,122	\$ -	\$ 13,122	\$ -

Safeline Statistics
July 1, 2009-June 30, 2010

Total DV: Adults: 518, 8 Children (These children were the only ones abused-if the parent was also being abused they were captured in the category "Children Served" below)

SV: Adults 51, Children: 14 (These children were the only ones abused-if the parent was also being abused they were captured in the category "Children Served" below)

Stalking: 38 Adults

Total Different People Served: 629

Total Number of Services Provided: 2,997

Total Hotline Calls Fielded: 2,442

Female Victims: 622

Male Victims: 7

Children Served: 1,587

Elders: 26

Victims with Disabilities: 277

LEP: 17

People Who Are Immigrants/Refugees/Asylum Seekers: 8

Minorities: 34

The Vast Majority of Victims Were Ages 25-59, Followed by Ages 18-24

**Towns we collected Petition Signatures*

For 2011

July 1, 2009 and June 30, 2010

Bethel: 22 served, 129 services

Bradford: 39 served, 192 services

Braintree: 20 served, 105 services

Brookfield: 16 served, 93 services

Chelsea: 25 served, 119 services

Corinth: 21 served, 113 services

Fairlee: 19 served, 104 services

Newbury: 26 served, 109 services

Orange: 14 served, 99 services

Randolph: 77 served, 389 services

Rochester: 14 served, 97 services

Royalton: 23 served, 106 services

Sharon: 22 served, 107 services

Stockbridge: 13 served, 86 services

Strafford: 19 served, 98 services

Thetford: 27 served, 113 services

Topsham: 14 served, 89 services

Tunbridge: 21 served, 121 services

Vershire: 19 served, 117 services

Washington: 15 served, 94 services

West Fairlee: 12 served, 87 services

Williamstown: 28 served, 131 services

Unknown Town: 123 served, 299 services

Total Different People Served: 629

Total Number of Services: 2,997

Over 2,400 hotline calls fielded

BY-LAWS
OF
SAFELINE, INC.

ARTICLE I
Organizational

1.1 NAME

The name of the organization is Safeline, Inc., (hereafter "the Corporation").

1.2 ARTICLES OF ASSOCIATION

The purposes and powers of the Corporation and of its Directors and all matters concerning the conduct and regulation of the business of the Corporation shall be subject to such provisions in regard thereto. If any, as are set forth in the Articles of Association, and the Articles of Association are hereby made a part of these By-Laws

All references in these By-Laws to the Articles of Association shall be construed to mean the Articles of Association of the Corporation as from time to time amended

1.3 PURPOSE

The Corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code of 1954.

1.4 OBJECTIVES

The objectives of the Corporation are:

- a) to provide advocacy, crisis support and 24-hour hotline services to the women of Orange County and northern Windsor County;
- b) to increase awareness of the prevalence of physical, sexual and emotional violence against women;
- c) to coordinate with other agencies, including social service and law enforcement agencies, in achieving the foregoing objectives, and to make referrals to such agencies as appropriate,
- d) to raise awareness and provide prevention education in the community.

1.5 OPERATING POLICIES

The purpose of the Corporation reflects a need in Orange County and northern Windsor County to provide supportive services to all persons, particularly women, who have experienced physical, sexual or emotional violence. Within this framework, it is the policy of the Corporation to operate without discrimination with respect to race, color, creed, religion, ancestry, sex, national origin, age, sexual orientation, marital status and status with regard to public assistance, or any other legally protected status

BY-LAWS
OF
SAFELINE, INC.

1.6 LOCATION

The physical address of the Corporation is confidential due to safety concerns. The mailing address of the Corporation is P.O. Box 368, Chelsea, VT 05038, until changed by the Board.

**ARTICLE II
ORGANIZATIONAL STRUCTURE**

2.1 THE GOVERNING BODY

The business affairs of the Corporation shall be directed and controlled by a Board of Directors (hereafter "Board"). The powers and duties of the Board shall include direction and oversight of the management of the Corporation, monitoring general financial policy and carrying out the purpose, objectives and policies of the Corporation.

2.2 MEMBERS OF THE GOVERNING BODY

The Board shall consist of no fewer than three (3) and no more than seven (7) unpaid, volunteer Directors, elected by the Board's decision-making process. The Board's size will be reviewed at each Annual Meeting of the Corporation.

2.3 TERMS AND VACANCIES¹

Each Director will serve for a term of two years and may be reelected for up to two additional consecutive terms. If a member wishes to continue to serve after six years, she must rotate off for one full term of two years before being reelected.

2.4 CONFIDENTIALITY

Directors shall be bound by a signed pledge of confidentiality in all matters affecting the privacy of service users of the Corporation.

2.5 CONFLICT OF INTEREST

A conflict of interest may exist when the interests of any responsible person, Director, Officer, executive staff member, or manager, or said person's immediate family, or any party, group or organization to which said person has allegiance, may be seen as competing with the interests of Safeline, Inc.

¹ Board proposed amended language on May 21, 2009

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SAFELINE, INC.

Unless specifically authorized by the Board of Directors, Safeline, Inc. and its affiliates will not do business with any firm or entity owned or controlled by any member of the Board of Directors or any Officer or any member of the immediate family of any Director or Officer or any firm or entity, in which any such person has a substantial financial interest (any such ownership or control or financial interest referred to herein as a "Significant Interest").

Each Director and Officer shall promptly notify the Board upon becoming aware that the organization does business, or is considering doing business with, a firm or business in which such Director or Officer has a Significant Interest. A conflict of interest disclosure statement shall be furnished annually by each Director, Officer, and member of the executive staff of Safeline, Inc. and at the time any such person assumes his or her position.

In the event it is not clear that a conflict of interest exists, the individual with the potential conflict shall disclose the circumstances to the Board of Directors. The matter shall be resolved by a vote of the Board of Directors. Any interested Director shall abstain during such vote.

See Safeline, Inc.'s Conflict of Interest Policy for more information on this issue.

2.6 LEAVE OF ABSENCE

Upon request to the Board, Directors shall be allowed one three-month leave of absence. Normally only one Director will be allowed to be on leave at a time. A Director on leave will not be counted in determining a quorum.

2.7 REMOVAL OF DIRECTOR

A motion to remove a Director may be made to the Chairperson by the Executive Director or any Director. Upon receiving notice of such motion, the Board shall be convened to determine whether cause for removal exists pursuant to the Board's decision-making process as defined in Section 3.3 of these By-Laws. If cause for removal is determined, removal of said Director shall be placed on the agenda at a meeting duly warned for that purpose.

If the Board determines that cause for removal does not exist, it shall determine whether any intervention is necessary to ensure appropriate functioning of the Board and carry out any plan necessary to such intervention.

ARTICLE III MEETINGS

3.1 CONVENING

BY-LAWS
OF
SAFELINE, INC.

An annual meeting of the Board will be held at the end of the last quarter of a calendar year. The purpose of this meeting will be to set the agenda for the next year, elect Directors, perform a self-review, and conduct any other business appropriate to the Board.

In addition, the Board shall meet a minimum of six times per year, bi-monthly, to conduct business of the Corporation

3.2 NOTICE

For all meetings of the Board actual and reasonable notice, either written or oral, of the time and place of the meeting shall be given to all Directors.

3.3 QUORUM AND VOTING PROCEDURES

A quorum of the Board shall consist of three (3) Directors. This Board operates under a consensus model and all business will be decided upon thorough consensus decision-making

3.4 COMMITTEES

The Board may, on occasion, form ad-hoc committees to help the Board do its job. These committees are task specific, time-limited and may not speak for the Board.

3.5 ACTION WITHOUT A MEETING

Any action required or permitted to be taken at a meeting of the Board may be taken without a meeting if all Directors consent to the action via email or a signed, written consent. The email or signed consent shall be filed with the minutes of the next meeting

3.6 EXECUTIVE SESSION

When the Board goes into Executive Session, the reason therefore must be noted, and any action taken in Executive Session must be reflected in the minutes.

ARTICLE III OFFICERS

4.1 DESIGNATION

The officers of the Board will consist of a Chairperson and Secretary. All officers shall be Directors.

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OF
SAFELINE, INC.

4.2 SELECTION AND TERM

These officers will be voted upon by the Board at the annual meeting and will be for a period of two (2) years, or until the selection of their successor. The Board may remove officers at any time. Any officer may resign by delivering a letter of resignation to the Board. If a vacancy occurs, the Board may elect one of its members to fill that vacancy for the duration of the unexpired term of office. Whenever possible, the term of the Chairperson shall be staggered with the term of the Secretary.

4.3 DUTIES

Officers shall have the following duties and such additional duties as determined by the Board:

- a) The Chairperson shall preside at all meetings of the Board and, as authorized by the Board, sign formal documents on behalf of the Corporation.
- b) The Secretary shall oversee the maintenance of the records of the Board and the issuance of required notices and keeps minutes of all meetings of the Board.
- c) A second signatory shall be authorized by the Board to sign formal documents on behalf of the Corporation in the event that the Chairperson is unavailable.

ARTICLE V INDEMNIFICATION

5.1 RIGHTS

Subject to limitations in this Article, the Corporation shall indemnify or reimburse its Directors for all claims and liabilities, including reasonable expenses and attorney's fees, to which they may become subject by reason of their positions with the Corporation or their actions on its behalf. The Corporation may directly pay or settle any such claims and liabilities as are determined by the Board. The foregoing shall not be exclusive of any other rights to which such persons may be lawfully entitled.

5.2 LIMITATIONS

No indemnification or reimbursement shall be provided for any person who is determined not to have acted in good faith in the reasonable belief that the action was in the best interests of the Corporation. If this determination is not made in a legal proceeding related to the claim, it may be made by the Board. If it is not made or able to be made by either, the determination shall be made by independent legal counsel acceptable to the parties. Payment of expenses incurred in defending a civil or criminal proceeding in advance of its final disposition may be made only by the receipt by the Corporation of an understanding to repay such amounts if the person shall be

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OF
SAFELINE, INC.

determined not entitled to indemnification under this Article.

**ARTICLE VI
FISCAL AFFAIRS**

6.1 FISCAL YEAR

The fiscal year of the Corporation shall commence July 1 of each year and shall end June 30 of the following year.

6.2 FISCAL POLICIES

The Corporation shall be operated according to sound business practices insofar as they are consistent with its purposes and objectives.

6.3 FINANCIAL STATEMENTS

The Corporation shall prepare financial statements for each fiscal year which fairly present its financial position, results of operations, changes in financial position and related disclosures in conformity with generally accepted accounting principles applied on a consistent basis.

**ARTICLE VII
DISSOLUTION OF THE CORPORATION**

7.1 DISSOLUTION

The voluntary dissolution of the Corporation may be authorized by the Board upon acceptance of a resolution at a Board meeting. Consensus must be reached to accept such resolution.

Upon the dissolution of the Corporation, its assets shall be distributed in the following manner:

- a) All liabilities and expenses of liquidation shall be paid;
- b) If assets remain, they shall be disbursed, upon decision of the Directors present at the meeting called for that purpose, to an organization or organizations established exclusively for charitable, educational or scientific purposes as shall at the same time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as the Directors shall determine;
- c) Any assets not so disposed of shall be disposed of by any court of law in Orange

BY-LAWS
OF
SAFELINE, INC.

or Windsor Counties, exclusively for such purpose or to such organization or organizations as the court shall determine which are organized and operated for such purposes

ARTICLE VIII
AMENDMENT OF BY-LAWS

8 1 AMENDMENT

These by-laws may be amended or repealed, or new by-laws adopted by the Board's decision-making process at a meeting duly warned for that purpose. The Board shall review the by-laws on an annual basis for accuracy.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization SAFELINE, INC.	Employer identification number 03-0332395
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO BOX 368	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHELSEA VT 05038	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **NIKA GRACI**

Telephone No ► **802-685-7900**FAX No ► **802-685-7901**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **07/01/09**, and ending **06/30/10**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization Safeline, Inc.	Employer identification number 03-0332395
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 368	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chelsea VT 05038	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Nika Graci**
Telephone No. **802-685-7900** FAX No. **802-685-7901**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **05/15/11**.
- For calendar year **07/01/09**, or other tax year beginning **07/01/09**, and ending **06/30/10**.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- State in detail why you need the extension

More time needed to complete an accurate audit of the fiscal year.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐Title **CPA**Date **02/03/11**

Form 8868 (Rev. 1-2011)