

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

# **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

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Α	For the 20	)09 câl <u>endar y</u>	ear, or tax year begin	<u>ning 07/</u>	01/09 , a	nd ending	<u>06/</u> 3	30/1	0			
В	Check if appli	cable Please	C Name of organization							Ь	Emple	oyer identification number
Г	Address char	uga IRS		SEXUAL 7	ASSAULT SU	IPPORT	SERVIC	ES IN	IC.	- 1	•	•
- 1=	] Address Cital	label or			ioonogi co	71101(1	011(110	- 10 11			0.2	-1064520
	Name change	-							<del></del> .			
	Initial return	type.	Number and street (or		delivered to street add	ress)			Room/suite	·   E		hone number
'ስ'::	] IIIIoan letum	See	591 W 19T	H			_				541	1-484-9791
<u>`</u>	Termination	Specific Instruc	C.b	or country, and ZII	P + 4		<u>-</u>			G	Gross rec	eipts \$ 550,510
⋛┌	Amended ret		EUGENE	,, -		97401						
<b>&gt;</b> -					- OIK	J / 101	-			─	4-1	
╗	Application p	ending F Nam	ne and address of princip	al officer						"	(a) is this	s a group return for
Ĵ										ال ا	affilial	
_										'"	( <b>b)</b> Are al includ	
$\exists$											If "No	," attach a list (see instructions)
<del>-</del> (_	Tax-exem	nt status []	( 3 ) 501(c)	◀ (insert no )	4947(a)(1) o	·	527					,
⇒±			.WILLAMETT		1 4347(a)(1) 0	<u>"                                    </u>	321			─	(-) 0	
אר ר	Website.				1 2			· -			(c) Group	p exemption number
. 、宀	Type of orga		orporation Trust	Association	Other -			<u> </u>	Year of forma	tion		M State of legal domicile
<b>当</b> _	Part I	Summa	ıry									
ゔ	1 Bri	efly describe	the organization's mis	ssion or most si	unificant activities	s						
	1	=			,							
9	g   '	SOCIAL S	ERVICE & EDU	CALION								
- 2	<b>₽</b>											
Š	<u> </u>											
į	<b>5</b>											
į	og   2 Ch	eck this box I	▶ ☐ If the organiza	tion discontinue	d its operations of	or disposed	d of more th	han 25%	of its net	assets		
(	3 Nu	mber of votin	g members of the go	verning body (P	art VI, line 1a)						3	3
,	2 A Nu		cendent voting memb		•	VI line 1h)					4	3
A ceivitein			•	•	ining body (i dit	v1, 1110 10)					5	
4	≧   ° '°		employees (Part V, I									
Š	¥   6 To	tal number of	volunteers (estimate	if necessary)							6	
	<b>7a</b> To	tal gross unre	elated business reven	ue from Part VII	II, column (C), lin	ne 12					7a	
	b Ne	t unrelated bu	usiness taxable incom	ne from Form 99	0-T, line 34						7b	0
										nor Year	<u> </u>	Current Year
	_ 8 Co	ntributions ar	nd grants (Part VIII, lir	ne 1h)								529,890
9	<u> </u>		e revenue (Part VIII, li									20,382
Ş		-		=	7.4\						-	238
á	∯   10 lnv		me (Part VIII, column		_				-			230
_	7   11 Ot	ner revenue (	Part VIII, column (A),	lines 5, 6d, 8c,	9c, 10c and 1 te	<del>}</del>	_					
_	12 To	tal revenue –	add lines 8 through 1	1 (must equal F	art VIII column	(A),(in)e <sup>(2)</sup>	VER	-				550,510
	13 Gr	ants and simi	lar amounts paid (Pai	rt IX, column (A`	), lines (1–3)		VED	- 1				
			or for members (Part			- a		191				
	45 00	-			run - r	P 2.7	2010 L	)SO-				297,619
8	n   15 Sa		compensation, employ	-		), iines 5 <del>~</del> i	o) a lu 🌃	열				231,019
5	16a Pro	ofessional fun	draising fees (Part IX	., column (A), lin	ie 11e)	The state of the s	19	<i>[6]</i>				
į	<b>b</b> To	tal fundraising	g expenses (Part IX, o	column (D), line	25)	<b>OFN</b>	8,,2910	צו ו				
ú	û   17 Otl		(Part IX, column (A),				UI.	7				125,445
		•	Add lines 13-17 (mu	· ·	•	25)	A. C. Comments	J				423,064
			•	-		20)						127,446
_		venue less ex	xpenses Subtract line	3 18 from line 12	<u> </u>				Reginnin	g of Curren	t Voor	End of Year
2	20 To 21 To 22 Ne								Degilitiii			395,723
88	<b>20</b> To	tal assets (Pa	•							267,		
4	별 21 To	tal liabilities (F	Part X, line 26)								889	115,618
ž	큔 22 Ne	t assets or fu	nd balances Subtrac	t line 21 from lin	ne 20					152,	659	280,105
	Part II	Signatu	ıre Block									
			alties of penjury, I declare	that I have evami	ned this return uncl	ludina accon	nanvina sch	nedules ar	nd statemer	nts and to t	the hest	of my knowledge
			it is true, correct, and co									
_		. سه	an . 4	01.1	•						101	221.
	ign		Klania I	alade	no						$\perp IJ$	22/10
Н	ere	Signat	ure of officer	_			_	_			Date	<del>!</del>
		$\mid \mid $	LARIA P	ALADU	Νδ	Exp	wtiv	P. T	) CCC	tor		
			or print name and title	N			<u> </u>					
_		1,750	,	<del>\</del>					<del></del>	<u> </u>		Preparer's identifying number
D	aid	Preparer's	Nulla (	0.46 /	1111		i i	Date		Check if self-		(see instructions)
		signature	1401-				(	09/0	9/10	employed	<b>▶</b> ∟	J P00240885
	reparer's	1	EMO	E & WHY	TE	<b>\</b>			-	Т	EIN	> 93-0991735
U	se Only	Firm's name	e (or yours			<del></del>						. 30 0331733
	•	if self-emplo	• •								Phone	. [41 40] 0100
_		address, ar	azir+4 EUC	SENE, OR	97402						по	<u> 541-485-2100</u>
M	ay the IRS	discuss this re	eturn with the prepare	er shown above	? (see instruction	ns)						Yes No

) (Revenue \$

Form 990 (2009)

including grants of \$

333,353

(Expenses \$

4e Total program service expenses ▶

Pa	art 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	Χ	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
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 !	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		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	5		
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	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, 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		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	10		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	11	X	L
•	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 169 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	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			ł .,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1,,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			\ <sub>32</sub>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			\ <sub>V</sub>
	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?	46		🗸
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990	(2009)

		4	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 12 If "Yes," complete Schedule I, Parts I and II	21		Χ
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	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	5 The state of the			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			3.7
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			3.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
þ	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			37
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.	26		Χ
21	substantial contributor, or a grant or other assistance to an officer, director, trustee, key employee,			
	If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		- 2\
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ī	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		Χ
С	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	28c	i	Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	
	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, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		İ	
	Schedule R, Part V, line 2	35		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	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 11 and			3.7
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	X
		For-	nun,	/2000

Pa	IN Statements Regarding Other IRS Filings and Tax Compliance		1	
		£	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1	
	U S`Information Returns. Enter -0- if not applicable	$\dashv$		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  [1b]	[		•
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1	X
2-	gaming (gambling) winnings to prize winners?	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]		1	Ŧ
þ	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	120	<del> </del>	<del> </del>
	instructions)			Ī
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			1
Ju	this return?	3a	Ì	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u></u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		X
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
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?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<del> </del>	ļ
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		<del>}</del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c	<del> </del>	<del> </del>
a	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		1
e		7e	İ	ŧ
f	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	<del>                                     </del>
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		†	1
••	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.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12	_		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		1
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )	_		1
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		1	<u> </u>
		Fo	m メダし	(2009)

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.

	Scriedule O. See instructions.		,	—
Sec	ction A. Governing Body and Management	<del></del>	1	
10	Enter the number of veting members of the security bads	[	res	No_
1a b	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  1b 3		ł	
2			I	
-	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?		ŧ	Χ
3		2		
•	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?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<del> -</del>		
	of the governing body?	7a		Χ_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	"		
	the year by the following		ŧ	
а	The governing body?	8a	Х	
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	9		Χ
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal	•	•	
Rev	venue Code )			
		\	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		i	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		<u>X</u>
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	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		_	
	rise to conflicts?	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u>X</u>
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	_	X
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	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	15b		<u>X</u>
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		I	
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?	46-	ŧ	v
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
b	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?	16b	ŧ	
Sec	tion C. Disclosure	1001		
17	List the states with which a copy of this Form 990 is required to be filed   OR			
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 X 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 ► MARIA PALADIN 591 W 19TH AVE			
E	UGENE OR 97402	541-484	-9	791

Form 990 (2009)

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

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

- 1a Complète this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

DAA

- 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

(A) Name and Title	( <b>B</b> ) Average hours per			(chec		hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
								0	0	
								0	0	
REBECCA TAYLOR REASURER		X		X				0	0	
EARNEST JENKINS RESIDENT		X		Х				0	0	
SUSAN LAX ECRETARY		Х		Х				0	0	
										•
					_					
			-				_			
<del></del>		-				-	_			<del> </del>
		-	_	_	_					
			_	_	_					
		-			_					
			_			_				
		1	_							

Par	t VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)	,		•	
	(A) Name and Title	(B) Average hours per	_		chec		hat a	_	(D) Reportable compensation	(E) Reportable compensation		(F) Estima		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co or a	otherm	ation ne ition ited	
														_
				-								•		
												<del></del>		
1b	Total	,												_
2	Total number of individuals (increportable compensation from the			to th	ose l	listed	d abo	ve)	who received more than \$1	00,000 in	<u> </u>			
	Did the organization list any for				stee	kev	emr	ilove	ee or highest compensated		F		Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu 1a, is the sum of	ile J repo	for si ortab	uch i le co	ndiv	idual ensat	ion a	and other compensation from			3		X
	the organization and related organization and								·	icn		4		X
Sect	services rendered to the organicion B. Independent Contractor	ors										5		X
1	Complete this table for your five compensation from the organization	ation	sate	d inc	lepe	nder	nt cor	ntrac			<del></del>		(C)	
	Name and business address								Descrip	(B) tion of services		Соп	(C) npensati	on
			·									_		
										· ·				
								-						
	Total number of independent compressions than \$100,000 in compen		_				to th	ose	listed above) who received			0	000	/acr =
DAA												Form	990	(2009)

Fa	rt v	III Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 S	12	Federated campaigns	1a			revenue		312, 313, 01 314
Program Service Revenue Contributions, gifts, grants and other similar amounts	b.	Membership dues	1b		1			
ge.	c		1c					
jifts ar a	d		1d		1			
s, e	e	Government grants (contributions)	1e	472,753	1			
io S	f	All other contributions, gifts, grants,						
話		and similar amounts not included above	1f	57,137	1			
듇	g	Noncash contributions included in lines 1a-		31,7231				
S E	9 h	Total. Add lines 1a–1f	•	•	529,890			
<u> </u>		Total / total		Busn. Code	0237030			
eun	2a	FUNDRAISING		Busin. oouc	18,505	18,505	······	
Şe.	b	TRAINING FEES, ETC			1,215	1,215		
8	c	MISC			662	662		
ΘZ	d	MISC			002	- 002		
S	9						<del></del>	
gra	•	All other program service rever						
Po	' '		iue		20,382			
	<u>g</u> 3	Investment income (including d	luudanda intara	<del></del>	20,302			
	3	other similar amounts)	iividerids, iritere	ist, and	238			238
	4	•	avamet band n	·	230	<del></del>	·	230
		Income from investment of tax-	exempt bond p	roceeds -		·	·	
	5	Royalties (i) Real		Personal				
	6	Gross Rents	(",	rieisonai	1			
	6a	<u> </u>	<u> </u>		1			
	D D	Less rental exps	<del></del>		1			
	4	Rental inc or (loss)		•	†			
	7a	Net rental income or (loss) Gross amount from (i) Securities	<u> </u>	ıı) Other				
		sales of assets	3 (	ii) Other	1		•	
		other than inventory						
	b	Less cost or other			1		:	
	_	basis & sales exps			1			
	C	Gain or (loss)			1			
	d	Net gain or (loss)						
en	8a	· · · · · · · · · · · · · · · · · · ·	115		1			
-eu		(not including \$ of contributions reported on line 1c)	į	1			•	
8		See Part IV, line 18						
Other Revenue			a		1			
8	b	Less direct expenses	b		1			
	\ C	Net income or (loss) from funda						
	9a	Gross income from gaming activities			1			
		See Part IV, line 19	a				:	
		Less direct expenses	b					
		Net income or (loss) from gami	ing activities	<b>•</b>				
	10a	Gross sales of inventory, less			1			
		returns and allowances	a		1			
		Less cost of goods sold	b		+			
	С	Net income or (loss) from sales		Due: Code				
		Miscellaneous Revenue	; 	Busn. Code	-			
	11a						<del> </del>	
	b				<del></del>			
	С							
	d	All other revenue					<del></del>	
	е	Total. Add lines 11a–11d		<u> </u>		22.22		
	12	Total Revenue. See instruction	ns	▶	550,510	20,382	0	238

## 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).

	o not include amounts reported on lines 6b, , 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			1	
4	Benefits paid to or for members	,			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				_
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40,640	28,448	8,128	4,064
7	Other salaries and wages	40,640 194,588	28,448 152,678	8,128 34,213	4,064 7,697
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	41,070	31,623	7,393	2,054
10	Payroll taxes	21,321	16,417	3,838	1,066
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	34,278	28,701	5 <b>,</b> 577	
12	Advertising and promotion	5,944	5,944		
13	Office expenses	9,800	7,546	1,764	490
14	Information technology	14,237	10,962	2,563	712
15	Royalties				
16	Occupancy	6,331	4,875	1,139	317
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,810	6,013	1,406	391
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-7,945	6,118	1,430	397
23	Insurance	9,053	6,970	1,630	453
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below )		2 5 2 2	1	
а	MISC	11,043	8,503	1,988	552
b	PROGRAM AND EVENTS	9,535	9,535		
C	AMERICORP	6,000	6,000	0.54	
d	AUTO	1,952	1,503	351	98
е	STAFF DEVELOPMENT	1,517	1,517		
f	All other expenses	100 000	222 255		
25	Total functional expenses. Add lines 1 through 24f	423,064	333,353	71,420	18,291
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2

Part	X Balance Sheet		_			<u> </u>
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			79,709	1_	86,589
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			6,837	3	131,030
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors, tro	ustees, key	[			
İ	employees, and highest compensated employees. Comple	ete Part II of				
	Schedule L			· · · · · · · · · · · · · · · · · · ·	5	
6	Receivables from other disqualified persons (as defined u	nder section	[			
	4958(f)(1)) and persons described in section 4958(c)(3)(B		į			
	Part II of Schedule L				6	
Assets	Notes and loans receivable, net		Ī		7	
8   8	Inventories for sale or use		Ī		8	
و اتح	Prepaid expenses and deferred charges		Ī	4,156	9	1,326
1 -	a Land, buildings, and equipment cost or			·····		
'	other basis Complete Part VI of Schedule D	10a 330	0.959			
	b Less accumulated depreciation	10b 154	0,959 4,181	176,846	10c	176,778
11	Investments—publicly traded secunties				11	
12	Investments—other securities See Part IV, line 11		İ		12	
13	Investments—program-related See Part IV, line 11		İ	·	13	
14	Intangible assets		Ì		14	
15	Other assets See Part IV, line 11		Ì	<u>.</u>	15	
16	·		ŀ	267,548		395,723
17	Accounts payable and accrued expenses			11,441	17	14,733
18	,		Ì		18	
19	Deferred revenue		ŀ		19	
20	Tax-exempt bond liabilities		ŀ		20	
	Escrow or custodial account liability Complete Part IV of	Schadula D	ŀ		21	
Liabilities 51	•					
<u>≅</u>  "	employees, highest compensated employees, and disqua					
ia	persons Complete Part II of Schedule L	iiiieu	ſ		22	
_   <sub>23</sub>		natioe	<b> </b>	103,448		100,885
24			•	100,440	24	100,005
25	Other liabilities Complete Part X of Schedule D	ucs	ŀ		25	
26	-			114,889	-	115,618
	Organizations that follow SFAS 117, check here ▶ 🔀	and	-	111/000		110,010
Ö	complete lines 27 through 29, and lines 33 and 34.	<u> </u>				
E 27	Unrestricted net assets		İ	152,659	27	149,076
E 28				102/003	28	131,029
Net Assets or Fund Balances			ŀ		29	151,025
5 2	Organizations that do not follow SFAS 117, check her	·• ► 🗂			23	
<u> </u>	_					
0	and complete lines 30 through 34.		f		20	
30		Fund	ŀ	<del></del>	30	
88 31	, , , , , , , , , , , , , , , , , , , ,		ł		31	
¥ 32	•	omer tunas	}	152 650		280,105
호   33			}	152,659		
<b>Z</b> 34	Total liabilities and net assets/fund balances			267,548	34	395,723

Form **990** (2009)

Pa	ert XI Financial Statements and Reporting			
		,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		7	
	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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	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?	3a		
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	3b		L
		Forn	n 990	(2009)

# SCHEDULE A , (Form 990 or 990-EZ)

Department of the Treasury

**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.

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

OMB No 1545-0047 2009

> Open to Public Inspection

Internal Revenue Service

Name of the organization

SEXUAL ASSAULT SUPPORT SERVICES INC

Employer identification number 93-1064520

Pi	art I	Rease	<u>on for Public</u>	Charity S	Status (All organizations	must co	omplete	this p	<u>art.) S</u>	ee ins	tructio	ons.		
Γhe	orgai	nization is not a	a private foundatio	n because	it is (For lines 1 through 11, che	ck only or	ne box )	-			-			
1		A church, cor	vention of church	es, or assoc	ciation of churches described in	section 1	70(b)(1)(A	A)(i).						
2	$\Box$	A school desc	cribed in section 1	170(b)(1)(A	)(ii). (Attach Schedule E)									
3	$\sqcap$				e organization described in secti	on 170(b)	(1)(A)(iii).							
4	П		-	-	in conjunction with a hospital de				(A)(iii).	Enter th	e hospil	tal's name,		
		city, and state	-	•	•				,		•			
5		•		e benefit of	a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	ın			
		-	b)(1)(A)(iv). (Com		•	•	, ,							
6	$\Box$	-		•	vernmental unit described in <b>sec</b>	tion 170	b)(1)(A)(v	١.						
7	X		•	_	ubstantial part of its support from	•		-	the ge	neral pu	blic			
	لتتا	_	section 170(b)(1)(		• • • • • • • • • • • • • • • • • • • •	g		.,	3-					
8					0(b)(1)(A)(vi). (Complete Part II	)								
9	П	-			more than 33 1/3 % of its suppo	•	ntribution	s. memb	ership fe	ees. and	i aross			
	ட	•	•	, ,	t functions—subject to certain e				-		-			
		•			l unrelated business taxable inco									
		• •	_		1975 See section 509(a)(2). (	,		ŕ						
10		,	•		clusively to test for public safety	•	· ·	a)(4).						
11	П	-	-	•	clusively for the benefit of, to pe		-		carry ou	t the				
		purposes of o	ne or more publicl	ly supported	d organizations described in sec	tion 509(a	)(1) or sec	ction 509	)(a)(2) S	See <b>sec</b>	tion			
		509(a)(3). Ch	eck the box that d	escribes the	e type of supporting organization	and com	plete lines	11e thre	ough 11	h				
		a Type	І Ь □	Type II	c Type III–Functions	ally integra	ited	d	Тур	e III–Otl	ner			
е		By checking to	his box, I certify th	at the organ	nization is not controlled directly	or indirec	lly by one	or more	dısqualı	fied				
		persons other	than foundation n	managers a	nd other than one or more public	cly suppor	ted organ	zations	describe	d in sec	ction			
		509(a)(1) or s	ection 509(a)(2)											
f		If the organiza	ation received a wi	ritten deterr	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box											
g		Since August	17, 2006, has the	organizatio	on accepted any gift or contributi	on from a	ny of the							
		following per	sons?											
		(i) A persor	who directly or in	directly con	trols, either alone or together wi	th person:	s describe	d in (ii)					Yes	No
		and (III) b	elow, the governi	ng body of t	the supported organization?							11g(ı)		
		(ii) A famıly	member of a pers	on describe	ed in (i) above?							11g(ıı)		
		(iii) A 35% c	ontrolled entity of a	a person de	escribed in (i) or (ii) above?							11g(ııı)		L
h		Provide the f	ollowing information	on about the	supported organization(s)									
(i)	Name	e of supported	(II) EIN		(iii) Type of organization	(IV) Is the	organization		ou notify		s the	(vii) Amo	ount of	
	org	janization			(described on lines 1–9 above or IRC section		sted in your document?	the organ	nization in of your	organizat	ion in col zed in the	supp	ort	
					(see instructions))	governing	document.		oort?		S?			
						Yes	No	Yes	No	Yes	No			
						ļ				ļ <u> </u>				
						1								
						<del>                                     </del>			-			<u> </u>		
						1								
						<del>                                     </del>				-				
Tota				1		1								

" Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (f) Total (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 268,038 320,281 423,820 427,653 529,890 1,969,682 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 Total. Add lines 1 through 3 268,038 320,281 423,820 427,653 529,890 1,969,682 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) Public support. Subtract line 5 from line 4 1,969,682 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 4 268,038 320,283 423,820 427,653 529,890 1,969,682 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 285 728 443 549 238 2,243 sources Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 1,971,925 12 Gross receipts from related activities, etc. (see instructions) 12 33,051 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.89% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.86% 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 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 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

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

Sec	tion A. Public Support	CKEU THE DOX	on mie a oi Pa	11.17	<del></del>		
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Jai	ional Jean (or noon Jean beginning in)	(a) 2000	(6) 2000	(0) 2007	(4) 2000	(6, 2003	(1) 10(0)
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				<u> </u>	<u> </u>	
C	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6)						
$\overline{}$	tion B. Total Support	<del></del>		T		1	<del></del>
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						<u> </u>
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 corganization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
Sec	tion C. Computation of Public Su		tage		. <del></del>	<del></del>	
	Public support percentage for 2009 (line 8,			(f)\		15	%
15	Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche			(1))		16	%
16 Sec	ction D. Computation of Investme			-	-	10	
17	Investment income percentage for 2009 (Irr			column (fl)		17	%
18	Investment income percentage from 2008 (in			Column (1))		18	%
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is n	nore than 33 1/3 %		
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ						_
	line 18 is not more than 33 1/3 %, check th						▶ [
20							. ▶

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### 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 Open to Public

Inspection Name of the organization Employer identification number SEXUAL ASSAULT SUPPORT SERVICES INC 93-1064520 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 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 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 Assets included in Form 990, Part X

che	dule D (Form 990) 2009 SEXUAL ASS	AULT SUPPORT	SERVICES	INC 93-	<u>-1064520</u>		a , 3	Page Z					
Pa	rt III Organizations Maintaining C	collections of Art, I	listorical Treas	ures, or Oth	er Similar A	ssets (d	continued	d)					
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check	any of the following t	hat are a signific	cant use of its		,						
а	Public exhibition	d Loan o	r exchange program	s			,						
b	Scholarly research	e Other	• • •										
С	Preservation for future generations			- <del>-</del>									
4													
5													
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part												
1 4	IV, line 9, or reported an amo		•	ition answere	50 163 to 1	OIIII 33	o, i ait						
12	Is the organization an agent, trustee, custodian of			accets not									
ıa	included on Form 990, Part X?	or other intermediary for c	ontributions or other	assets not			□ vaa	No					
<b>L</b>	·	annulate the fellowing to	ملطه				Yes	□ NO					
D	If "Yes," explain the arrangement in Part XIV and	complete the following to	ible			T	Amount	<del></del>					
	D. Luk					1	Amount	_					
	Beginning balance				1c	<del> </del>							
	Additions during the year				1 <u>d</u>	1							
	Distributions during the year				<u>1e</u>	-							
	Ending balance				1 <u>f</u>	.1		$\overline{}$					
	Did the organization include an amount on Form	990, Part X, line 21?					Yes	∐ No					
	If "Yes," explain the arrangement in Part XIV	· · · · · · · · · · · · · · · · · · ·		- F 000	Dort IV Goo	10							
ra	rt V Endowment Funds. Complet						(a) Favores						
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three y	ears back	(e) Four ye	ears back					
	Beginning of year balance												
	Contributions		. == ===										
C	Net investment earnings, gains,												
	and losses												
	Grants or scholarships						<del></del>						
е	Other expenditures for facilities												
	and programs			ļ									
f	Administrative expenses												
g	End of year balance			<u> </u>									
2	Provide the estimated percentage of the year en	d balance held as											
а	Board designated or quasi-endowment	%											
b	Permanent endowment ▶ %												
C	Term endowment ▶ %												
3а	Are there endowment funds not in the possession	n of the organization that	are held and admini	stered for the									
	organization by						Y	es No					
	(i) unrelated organizations						3a(i)						
	(ii) related organizations						3a(ii)	_					
b	If "Yes" to 3a(II), are the related organizations list	ted as required on Sched	ule R?				3b						
4	Describe in Part XIV the intended uses of the organic												
Pa	rt VI Investments—Land, Buildin	gs, and Equipmen	<u>. See Form 990</u>	), Part X, line	10.								
	Description of investment	(a) Cost or other basis	(b) Cost or oth	,	c) Accumulated		(d) Book va	lue					
		(investment)	basis (other	·)	depreciation			_					
1a	Land		<b> </b>		<u></u>		•						
b	Buildings		ļ <u>.</u> .										
C	Leasehold improvements												
d	Equipment												
е	Other												
otal	I. Add lines 1a through 1e (Column (d) must equa	l Form 990, Part X, colur	nn (B), line 10(c))			<b>&gt;</b>							

Schedule D (Form 990) 2009 SEXUAL ASSAULT SUPPORT		93-1064520	Page 3
Part VII Investments—Other Securities. See Form 990		<del>1</del>	
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
<b>_</b> _			
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.	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
,, ,	1	Cost or end-of-year market value	
	·		-
	-		
	-		
			_
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
Part iX Other Assets. See Form 990, Part X, line 15		1 (1)	-1 -
(a) Description		(b) Book	value
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25	<u> </u>		
1 (a) Description of liability	(b) Amount	_	
Federal income taxes		_	
		]	
		]	
		]	
		]	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiz	ation's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48	The second secon	- <b>r</b>	
and a second termination of the second termi			

Sche	dule D (Form 990) 2009 SEXUAL ASSAULT SUPPORT SERVIO	CES_INC 93-10645	520 .	· Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Financial State	ements	
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	Pnor 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	
₽a	rt XII Reconciliation of Revenue per Audited Financial Stateme		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			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIV )	2d	$\dashv$ $\parallel$	
e	Add lines 2a through 2d	20		
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	$\dashv$	
	Add lines 4a and 4b	45	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses ner		
1	Total expenses and losses per audited financial statements	nento vviti Expendes per	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c 2c	$\dashv$ $\mid$	
d	Other (Describe in Part XIV )	2d	$\dashv$ $\parallel$	
e	Add lines 2a through 2d	24	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		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b	_ <del></del>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a and 4. Part IV lines 1h		
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	·		
	art to provide any additional information	es 2d and 40 Also complete		
ınə p	art to provide any additional information			
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Sched	lule <u>·</u> D	(Fo	m 9	90) 2	2009		SE	XU	IAI	<u>. A</u>	SS	ΑU	LT	SI	JP	POR	T	SE	RV]	I C E	<u>I</u> S	ΙN	1C	93	3-1	064	152	20						Pag	je <b>5</b>
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### 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.

2009
Open to Public Inspection

Name of the organization

SEXUAL ASSAULT SUPPORT SERVICES INC

Employer identification number 93-1064520

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD SETS EXECUTIVE PAY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Forms 7 990-PF	Mor	tgages and Otl	ner Notes Payable	2009	
3907 990-F1	For calendar year 2009,	or tax year beginning	07/01/09 , and ending	06/30/10	2009
Name					ntification Number
SEXUAL ASSAUI	T SUPPORT SERV	ICES INC		93-1064	1520
	<u> </u>				
FORM 990, PAR	RT X, LINE 23 -	- ADDITIONAL	_INFORMATION		
	Name of lender		Relationship	to disqualified person	
(1) BANK					
(2) (3)	· · · · · · · · · · · · · · · · · · ·		<u>                                     </u>		
(4)	<del></del>				•
(5)				-	
(6)					<del> </del>
(7) (8)					
(9)					
(10)					
Onginal amount borrowed	Date of loan	Matunty date	Repayment ter	ms	Interest rate
(1) 135,0	00	date	Trepayment ter		Tate
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)		<u> </u>			L
	<del></del>			· · · · · · · · · · · · · · · · · · ·	
	ecurity provided by borrower		Purp	oose of loan	
(1) FACILITY (2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
Conside	eration furnished by lender		Balance due at beginning of year		ance due at
(1)	The state of the s		103,448		100,885
(2)					
(3)	<u></u>				
( <del>4</del> ) ( <del>5</del> )					
(6)					
(7)					
(8)					
(9)	·				
(10) Totals			103,448	<del></del>	100,885
	<del></del>				

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