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Extended to 8/15/11

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

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 IOWA COALITION AGAINST SEXUAL ASSAULT 515 28TH STREET #107 DES MOINES, IA 50312	D Employer Identification Number 42-1178333
			E Telephone number 515-244-7424
F Name and address of principal officer SAME AS C ABOVE		G Gross receipts \$ 2,063,823.	
I Tax-exempt status ☒ 501(c) (3) (insert no) 4947(a)(1) or 527		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)	
J Website: WWW.IOWACASA.ORG		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of Formation 1981	M State of legal domicile IA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>IOWA COALITION AGAINST SEXUAL ASSAULT'S MISSION IS TO UNITE PEOPLE AND ORGANIZATIONS TO PROMOTE A SOCIETY FREE FROM SEXUAL VIOLENCE AND TO MEET THE DIVERSE NEEDS OF SURVIVORS</u>			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5	Total number of employees (Part V, line 2a)	5	16	
	6	Total number of volunteers (estimate if necessary)	6	48	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	1,719,445.	2,009,322.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,586.	51,850.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-349.	8.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	222.	-777.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,779,904.	2,060,403.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	722,968.	666,966.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	573,674.	725,390.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
16b		Total fundraising expenses (Part IX, column (D), line 25) 8,265.			
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	492,935.	649,361.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,789,577.	2,041,717.	
	19	Revenue less expenses Subtract line 18 from line 12	-9,673.	18,686.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
		21	Total liabilities (Part X, line 26)	441,829.	438,234.
		22	Net assets or fund balances Subtract line 21 from line 20	239,219.	208,127.
				202,610.	230,107.

Part II Signature Block

Sign Here	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.				
	Signature of officer <i>Elizabeth Barnhill</i>	Date 8/5/11			
Paid Preparer's Use Only	Signature of preparer Kellym Weinert, CPA		Date 8/3/11	Check if self-employed ☐	Preparer's identifying number (see instructions) P00735844
	Firm's name (or yours if self-employed), address, and ZIP + 4 MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 WEST DES MOINES, IA 50266-6717		EIN 42-0731256		Phone no 515-223-0002
	May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No				
	BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				

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

IOWA COALITION AGAINST SEXUAL ASSAULT'S MISSION IS TO UNITE PEOPLE AND ORGANIZATIONS
TO PROMOTE A SOCIETY FREE FROM SEXUAL VIOLENCE AND TO MEET THE DIVERSE NEEDS OF
SURVIVORS.

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 \$ 573,962. including grants of \$ 164,077.) (Revenue \$)
SEE SCHEDULE O

4b (Code) (Expenses \$ 307,671. including grants of \$ 260,701.) (Revenue \$)
RAPE PREVENTION EDUCATION PROGRAM - PROVIDED 13 RAPE CRISIS CENTERS IN IOWA WITH
FUNDS FOR SALARY AND BENEFITS TO SUPPORT HAVING A 1/2 TIME (20 HOUR PER WEEK) RAPE
PREVENTION EDUCATOR TO PROVIDE EDUCATIONAL/PREVENTION PROGRAMMING AND TRAINING FOR
PROFESSIONALS TO EXPAND THE CAPABILITIES OF IOWA'S RAPE PREVENTION EDUCATION
ACTIVITIES. THE SERVICE AREA FOR THE 13 FUNDED PROGRAMS COVERS A TOTAL OF 49 OF
IOWA'S 99 COUNTIES.

4c (Code) (Expenses \$ 215,871. including grants of \$ 160,780.) (Revenue \$)
IOWA SEXUAL VIOLENCE PREVENTION PROGRAM - PROVIDED 8 RAPE CRISIS CENTERS IN IOWA WITH
FUNDS FOR SALARY AND BENEFITS TO PROVIDE A 1/2 TIME (20 HOUR PER WEEK) RAPE
PREVENTION EDUCATOR TO PROVIDE EDUCATIONAL/PREVENTION PROGRAMMING AND TRAINING FOR
PROFESSIONALS TO EXPAND THE CAPABILITIES OF IOWA'S RAPE PREVENTION EDUCATION
ACTIVITIES. THE SERVICE AREA FOR THE 8 FUNDED PROGRAMS COVERS A TOTAL OF 23 OF
IOWA'S 99 COUNTIES.

4d Other program services (Describe in Schedule O) SEE SCHEDULE O

(Expenses \$ 900,183. including grants of \$ 81,408.) (Revenue \$ 51,850.)

4e Total program service expenses 1,997,687.

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 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 statement 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 statement 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, and 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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	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)		
28a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c	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	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	17	
1 b	Enter the number of Forms W-2G included in line 1 a. Enter -0- if not applicable	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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	16	
2 b	If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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
4 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		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5 a or 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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
1 a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	12	
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
7 a 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 or 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
10 a 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	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a 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 SEE SCHEDULE O	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 of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a 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. Disclosures

- 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 SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► ELIZABETH BARNHILL 515 28TH STREET DES MOINES IA 50312 515-244-7424

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**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE PATTON DIRECTOR	1	X						0.	0.	0.
VICKI-LYNN ANDERSON DIRECTOR	1	X						0.	0.	0.
TONY TATMAN TREASURER	1	X		X				0.	0.	0.
ELIZABETH HOSKINS DIRECTOR	1	X						0.	0.	0.
SANDRA MCGEE SECRETARY	1	X		X				0.	0.	0.
RON MULLEN PRESIDENT	2	X		X				0.	0.	0.
MICHAEL SHAW VICE PRESIDENT	1	X		X				0.	0.	0.
MARY RICHARDS TREASURER	1	X		X				0.	0.	0.
MARGARET SANDERS DIRECTOR	1	X						0.	0.	0.
CHRIS FOWLER DIRECTOR	1	X						0.	0.	0.
DAWN COLLINS SECRETARY	1	X		X				0.	0.	0.
JESSICA TIERNEY DIRECTOR	1	X						0.	0.	0.
BOURSEY QUANG VICE PRESIDENT	1	X		X				0.	0.	0.
DANA CHRISTIANSEN DIRECTOR	1	X						0.	0.	0.
ANGIE SCHRECK DIRECTOR	1	X						0.	0.	0.
ABRAHAM L. FUNCHES, JR. DIRECTOR	1	X						0.	0.	0.
LISA TAYLOR DIRECTOR	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MAYRA MORIEL DIRECTOR	1	X						0.	0.	0.
JOSH JASPER DIRECTOR	1	X						0.	0.	0.
ELIZABETH BARNHILL EXECUTIVE DIREC	40			X				59,362.	0.	14,576.
JULIE WOODEN ASSOC DIR/FISCL	40			X				51,280.	0.	6,260.
1b Total								110,642.	0.	20,836.

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

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 3,420.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,997,687.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,215.				
	g Noncash contrbns included in lns 1a-1f	\$ 3,420.				
	h Total. Add lines 1a-1f		2,009,322.			
PROGRAM SERVICE REVENUE		Business Code				
	2a MEMBERSHIP DUES & ASSESSMENTS	900099	30,902.	30,902.		
	b TRAINING & CONSULT FEES	900099	13,021.	13,021.		
	c OTHER REVENUE	900099	4,749.	4,749.		
	d CONTRACT INCOME	900099	3,178.	3,178.		
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		51,850.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		8.			8.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 3,420. of contributions reported on line 1c) See Part IV, line 18	a 2,643.				
	b Less direct expenses	b 3,420.				
	c Net income or (loss) from fundraising events		-777.			-777.
	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		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,060,403.	51,850.	0.	-769.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	666,966.	666,966.		
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	135,014.	131,227.	2,651.	1,136.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	476,142.	468,438.	5,393.	2,311.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,285.	7,285.		
9 Other employee benefits	50,446.	50,288.	111.	47.
10 Payroll taxes	56,503.	55,366.	796.	341.
11 Fees for services (non-employees)				
a Management				
b Legal	1,961.	1,912.	34.	15.
c Accounting	15,177.	15,177.		
d Lobbying	7,000.		7,000.	
e Prof fundraising svcs. See Part IV, line 17				
f Investment management fees				
g Other	42,405.	42,405.		
12 Advertising and promotion	9,436.	9,415.	15.	6.
13 Office expenses	14,344.	14,213.	92.	39.
14 Information technology	7,645.	7,645.		
15 Royalties				
16 Occupancy	33,804.	33,804.		
17 Travel	199,196.	195,794.	2,381.	1,021.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	229,142.	218,936.	7,144.	3,062.
20 Interest	11.		8.	3.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,480.		9,480.	
23 Insurance	10,316.	10,316.		
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 COMMUNICATIONS	18,634.	18,600.	24.	10.
b LITERATURE AND RESOURCES	16,922.	16,902.	14.	6.
c OFFICE EQUIPMENT	13,844.	13,844.		
d PRINTING AND PUBLICATIONS	9,001.	9,001.		
e POSTAGE AND SHIPPING	3,839.	3,839.		
f All other expenses	7,204.	6,314.	622.	268.
25 Total functional expenses. Add lines 1 through 24f	2,041,717.	1,997,687.	35,765.	8,265.
26 Joint costs. Check here ☐ 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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	66,333.	1	42,607.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	345,566.	3	371,721.
	4 Accounts receivable, net	5,818.	4	463.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 87,388.		
	b Less accumulated depreciation	10b 63,945.	24,112.	10c 23,443.
	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)		441,829.	16	438,234.
LIABILITIES	17 Accounts payable and accrued expenses	214,289.	17	188,926.
	18 Grants payable		18	
	19 Deferred revenue	10,910.	19	3,307.
	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	14,020.	25	15,894.
	26 Total liabilities. Add lines 17 through 25	239,219.	26	208,127.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	202,422.	27	227,745.
	28 Temporarily restricted net assets	188.	28	2,362.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	202,610.	33	230,107.
34 Total liabilities and net assets/fund balances	441,829.	34	438,234.	

BAA

Form 990 (2009)

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	X	

BAA

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 'unusual grants'.)	1,484,217.	1,277,982.	1,484,305.	1,719,445.	2,009,322.	7,975,271.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1 through 3	1,484,217.	1,277,982.	1,484,305.	1,719,445.	2,009,322.	7,975,271.
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).						0.
6 Public support. Subtract line 5 from line 4						7,975,271.

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	1,484,217.	1,277,982.	1,484,305.	1,719,445.	2,009,322.	7,975,271.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109.	78.	43.	10.	8.	248.
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.) SEE PART IV				222.		222.
11 Total support. Add lines 7 through 10						7,975,741.
12 Gross receipts from related activities, etc. (see instructions)					12	252,117.
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	100.0 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.0 %
16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
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. ▶ ☐		
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. ▶ ☐		
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. ▶ ☐		
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. ▶ ☐		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr 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 on 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 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-

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.

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization

Employer identification number

IOWA COALITION AGAINST SEXUAL ASSAULT

42-1178333

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures –
(The term 'expenditures' means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,806.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	7,139.													
c Total lobbying expenditures (add lines 1a and 1b)	13,945.	0.												
d Other exempt purpose expenditures	2,027,772.													
e Total exempt purpose expenditures (add lines 1c and 1d)	2,041,717.	0.												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	252,086.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	63,022.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	204,939.	226,805.	239,479.	252,086.	923,309.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,384,964.
c Total lobbying expenditures	16,723.	17,039.	31,134.	13,945.	78,841.
d Grassroots nontaxable amount	51,235.	56,701.	59,870.	63,022.	230,828.
e Grassroots ceiling amount (150% of line 2d, column (e))					346,242.
f Grassroots lobbying expenditures			11,694.	6,806.	18,500.

BAA

Schedule C (Form 990 or 990-EZ) 2009

Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).
-------------------	---

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**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, lines 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

IOWA COALITION AGAINST SEXUAL ASSAULT

Employer identification number

42-1178333

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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?		☐ Yes ☐ 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)

☐ 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	

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 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 tax 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 easement 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 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 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
1 c	
1 d	
1 e	
1 f	

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		87,388.	63,945.	23,443.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				23,443.

BAA

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,060,403.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,041,717.
3	Excess or (deficit) for the year Subtract line 2 from line 1	18,686.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	8,811.
9	Total adjustments (net) Add lines 4 through 8	8,811.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	27,497.

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	2,060,403.
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	2,060,403.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments 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	2,060,403.

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

1	Total expenses and losses per audited financial statements	1	2,041,717.
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	2,041,717.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	2,041,717.

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.

PART X - FIN 48 FOOTNOTE

ON OCTOBER 1, 2009, IOWACASA ADOPTED FASB ASC 740-10 REGARDING UNCERTAIN TAX

POSITIONS, WHICH REQUIRES EVALUATION OF THE IMPACT OF UNCERTAIN TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN AND MAY REQUIRE RECOGNITION OF A LIABILITY

RELATED TO THOSE TAX POSITIONS. AT SEPTEMBER 30, 2010, IOWACASA HAD NO UNCERTAIN

TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information (continued)

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

IOWA COALITION AGAINST SEXUAL ASSAULT

Part I General Information on Grants and Assistance

Employer identification number

42-1178333

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS P O BOX 1429 AMES, IA 50014	42-1052613	501 (C) (3)	20,374.	0			SEXUAL VIO. PREV./RAPE PREVENTION ED.
CATHOLIC CHARITIES DV/SA PROGRAM 300 WEST BROADWAY, SUITE 223 COUNCIL BLUFFS, IA 51503	42-0680464	501 (C) (3)	21,801.	0.			SEXUAL VIOLENCE PREVENTION
CEDAR VALLEY FRIENDS OF THE FAMI P O BOX 784 WAVERLY, IA 50677	42-1390144	501 (C) (3)	20,846.	0			SEXUAL VIOLENCE PREVENTION
COUNCIL ON SEXUAL ASSAULT & DOM P O BOX 1565 SIOUX CITY, IA 51102	42-1104234	501 (C) (3)	19,012.	0.			RAPE PREVENTION EDUCATION
CRISIS CENTER AND WOMEN'S SHELTER P O BOX 446 OTTUMWA, IA 52501	42-1115481	501 (C) (3)	18,831.	0.			SEXUAL VIOLENCE PREVENTION
CRISIS INTERVENTION & ADVOCACY C P O BOX 40 ADEL, IA 50003	42-1372343	501 (C) (3)	23,053	0.			RAPE PREVENTION EDUCATION
CRISIS INTERVENTION SERVICE P O BOX 656 MASON CITY, IA 50402	42-1080685	501 (C) (3)	15,700	0.			RAPE PREVENTION EDUCATION
DOMESTIC VIOLENCE ALTERNATIVES/SA P O BOX 1507 MARSHALLTOWN, IA 50158	42-1238175	501 (C) (3)	17,839.	0			SEXUAL VIOLENCE PREVENTION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

24
0

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

AN OUTSIDE PEER REVIEW COMMITTEE REVIEWS THE GRANT APPLICATIONS AND MAKES FUNDING RECOMMENDATIONS TO THE ORGANIZATION'S (IOWACASA) BOARD OF DIRECTORS WHO VOTE ON THE FINAL AWARD AMOUNTS. ALL GRANT RECIPIENTS SIGN A CONTRACT, AGREE TO ADHERE TO ANY SPECIAL CONDITIONS OUTLINED IN THE CONTRACT, SUBMIT THEIR ANNUAL AUDIT FOR REVIEW, AND ARE REQUIRED TO HAVE WHISTLEBLOWER AND NEPOTISM POLICIES. IN ADDITION, THEY SUBMIT MONTHLY REIMBURSEMENT CLAIM VOUCHERS, INCLUDING SUBSTANTIATING DOCUMENTATION, WHICH ARE REVIEWED AND APPROVED BY IOWACASA STAFF PRIOR TO PAYMENT. IF DEEMED NECESSARY, IOWACASA STAFF WILL CONDUCT A SITE MONITORING VISIT TO THE FUNDED PROGRAM. GRANT RECIPIENTS ARE REQUIRED TO SEND THEIR STAFF PERSON FUNDED BY THE GRANT TO ANY MANDATORY TRAINING HELD WITHIN THE YEAR. THE FUNDED PROGRAM MUST SUBMIT A BUDGET

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number ,					
IOWA COALITION AGAINST SEXUAL ASSAULT		42-1178333					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CRISIS CENTERS OF NW IOWA P O BOX 295 SIOUX CENTER, IA 51250	42-1185690	501 (C) (3)	19,699				RAPE PREVENTION EDUCATION
FAMILY RESOURCES, INC 2800 EASTERN AVENUE DAVENPORT, IA 52803	42-0698225	501 (C) (3)	30,787.				SEXUAL VIOLENCE PREVENTION
HELPING SERVICES FOR NE IOWA P O BOX 372 DECORAH, IA 52101	42-0989563	501 (C) (3)	21,133.				RAPE PREVENTION EDUCATION
LATINAS UNITED FOR A NEW DAWN (L 4313 FLEUR DRIVE, SUITE 25 DES MOINES, IA 50321	01-0552793	501 (C) (3)	17,609.				RAPE PREVENTION EDUCATION
MONSOON UNITED ASIAN WOMEN OF IO 515 28TH ST, SUITE 101 DES MOINES, IA 50312	35-2297207	501 (C) (3)	24,860				SEXUAL VIOLENCE PREVENTION
NAT. ORG. OF SISTERS OF COLOR EN P O BOX 625 CANTON, CT 06019	16-1634707	501 (C) (3)	14,357				NAT. RESOURCE SHARING PROJ
NORTH CAROLINA COALITION AGAINST 811 SPRING FOREST RD, SUITE 900 RALEIGH, NC 27609	58-1810587	501 (C) (3)	79,527				NAT. RESOURCE SHARING PROJ
PENNSYLVANIA COALITION AGAINST R 125 NORTH ENOLA DRIVE ENOLA, PA 17025	23-2067636	501 (C) (3)	81,408				RURAL TECH ASSIST / DEMONSTRATION
RAPE VICTIM ADVOCACY PROGRAM 332 SOUTH LINN ST, SUITE 100 IOWA CITY, IA 52240	42-6004813	501 (C) (3)	21,047.				RAPE PREVENTION EDUCATION
RIVERVIEW CENTER, INC 2600 DODGE STREET, SUITE D4 DUBUQUE, IA 52003	36-3920008	501 (C) (3)	15,178.				RAPE PREVENTION EDUCATION

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

IOWA COALITION AGAINST SEXUAL ASSAULT

Employer identification number

42-1178333

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

NATIONAL RESOURCE SHARING PROJECT - THE RESOURCE SHARING PROJECT (RSP) AND ITS PARTNERS PROVIDED ONGOING COMPREHENSIVE TECHNICAL ASSISTANCE TO STATE AND TERRITORIAL SEXUAL ASSAULT COALITIONS, RURAL GRANTEES, AND SASP ADMINISTRATORS IN 2009/2010 INCLUDING: CONDUCTED TRAININGS ON TOPICS SPECIFIC TO SEXUAL VIOLENCE, SASP, NON-PROFIT MANAGEMENT, AND RELATED ISSUES; PROVIDED TA CONSULTATIONS, ON-SITE VISITS, RESOURCE AND REFERRAL CALLS, AND INFORMATION REQUESTS; DEVELOPED, PRODUCED, COLLECTED AND/OR DISSEMINATED PUBLICATIONS INCLUDING RSP-CREATED WHITE PAPERS ON MANAGEMENT ISSUES, SASP DOCUMENTS, RESHAPE NEWSLETTERS, AND TECHNICAL ASSISTANCE PACKETS; MAINTAINED RSP WEBSITE AND LIST SERVES FOR STATE AND TERRITORIAL SEXUAL ASSAULT COALITION STAFF; PROVIDED TECHNICAL ASSISTANCE TO RURAL GRANTEES, DEVELOPED RURAL SA PUBLICATIONS, AND PROVIDED TRAINING TO RURAL GRANTEES THROUGH A NATIONAL CONFERENCE AND ON-SITE TA. PROVIDED TECHNICAL ASSISTANCE TO STATE AND TERRITORIAL SASP ADMINISTRATORS AND SA COALITIONS ON SASP IMPLEMENTATION AND PROGRAMMING; AND DEVELOPED THE SEXUAL ASSAULT DEMONSTRATION INITIATIVE AND PARTICIPATED IN THE PLANNING STAGE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

DEMONSTRATION INITIATIVE - PURPOSE OF THE PROGRAM IS TO DEVELOP AND STRENGTHEN EFFECTIVE RESPONSES TO VIOLENCE AGAINST WOMEN. THE ORGANIZATION WORKED CLOSELY WITH THE OVW AND NATIONAL SEXUAL VIOLENCE RESOURCE CENTER OF THE PENNSYLVANIA COALITION AGAINST RAPE TO ASSIST IN LAUNCHING AND PROVIDING TECHNICAL ASSISTANCE FOR A SEXUAL ASSAULT DEMONSTRATION PROJECT TO ENHANCE SERVICES TO SEXUAL ASSAULT VICTIMS IN COMMUNITIES SERVED BY DUAL SEXUAL ASSAULT/DOMESTIC VIOLENCE AGENCIES.

LEGAL ASSISTANCE TO VICTIMS - PROGRAM TO PROVIDE COMPREHENSIVE LEGAL SERVICES EITHER THROUGH DIRECT REPRESENTATION AND/OR VICTIM ADVOCACY WHICH ENHANCES VICTIMS' SAFETY

Name of the organization

IOWA COALITION AGAINST SEXUAL ASSAULT

Employer identification number

42-1178333

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

AND STRENGTHENS ECONOMIC SECURITY.

VARIOUS OTHER PROGRAMS - PROGRAMS PROVIDE EDUCATION AND TRAINING SERVICES TO INDIVIDUALS, LOCAL SEXUAL ASSAULT CENTERS AND SERVICE PROVIDERS.

STATE COALITIONS - PROGRAM TO PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO THOSE ASSISTING SEXUAL ASSAULT VICTIMS IN IOWA.

RURAL TECHNICAL ASSISTANCE - PROGRAM TO ADDRESS A CRITICAL AND OVERDUE NEED TO ASSIST DUAL SEXUAL ASSAULT/DOMESTIC VIOLENCE PROGRAMS IN MEANINGFULLY ASSISTING RURAL SEXUAL ASSAULT SURVIVORS AND IS ONE PART OF A MULTI-PRONGED NATIONAL INITIATIVE TO ENHANCE SERVICES IN DUAL SEXUAL ASSAULT/DOMESTIC VIOLENCE AGENCIES.

SEX OFFENSE PREVENTION PROGRAM - PROGRAM TO ASSIST COMMUNITY SEXUAL ASSAULT SERVICE PROGRAMS IN IOWA WITH PROVIDING SEX OFFENSE PREVENTION SERVICES AND ACHIEVING UNIFORM DATA COLLECTION THROUGHOUT IOWA.

VAWA COMMUNITIES OF COLOR OUTREACH PROGRAM - PROGRAM TO DEVELOP AND ENHANCE ACCESSIBLE, CULTURALLY COMPETENT, AND QUALITY SERVICES FOR SEXUAL ASSAULT VICTIMS AND SURVIVORS IN COMMUNITIES OF COLOR. THE PROGRAM PROVIDES TECHNICAL ASSISTANCE TO AND SUPPORT OF COMMUNITIES OF COLOR TO IMPROVE THEIR CAPACITY TO RESPOND TO SEXUAL ASSAULT, AND TECHNICAL ASSISTANCE TO SEXUAL ASSAULT CRISIS CENTERS TO IMPROVE THEIR CULTURAL COMPETENCE.

SEXUAL ASSAULT SERVICES TECHNICAL ASSISTANCE PROJECT - PROGRAM TO PROVIDE SUPPORT AND GUIDANCE TO SEXUAL ASSAULT COALITIONS, LOCAL RAPE CRISIS CENTERS, AND STATE

Name of the organization

IOWA COALITION AGAINST SEXUAL ASSAULT

Employer identification number

42-1178333

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

ADMINISTRATORS REGARDING THE IMPLEMENTATION OF THE STATE SEXUAL ASSAULT SERVICES PROGRAM (SASP) AND PROMISING PRACTICES RELATED TO THE SASP BY PROVIDING ONGOING TECHNICAL ASSISTANCE, RESOURCES AND TOOLS, A NATIONAL FORUM, AND CONFERENCE CALLS FOR STATE SEXUAL ASSAULT COALITIONS AND STATE SASP ADMINISTRATORS.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE FORM 990 WAS PROVIDED TO CURRENT IOWACASA BOARD MEMBERS PRIOR TO THE AUGUST 17, 2011 BOARD MEETING. BOARD MEMBERS HAD THE OPPORTUNITY TO REVIEW THE PREPARED FORM 990 AND ASK QUESTIONS. THE 990 WAS PREPARED BY AN OUTSIDE CPA WHO ATTENDED THE AUGUST BOARD MEETING AND REVIEWED THE FORM WITH BOARD MEMBERS IN ATTENDANCE. THE BOARD WILL VOTE TO OFFICIALLY ADD THE 990 ON RECORD. IF THERE IS NO QUORUM AT THE MEETING THEN THE VOTE WILL TAKE PLACE VIA E-MAIL. VOTES WILL BE TABULATED, PRINTED AND PLACED ON FILE FOR DOCUMENTATION. THIS PROCESS WILL BE COMPLETED RIGHT AFTER THE 990 WAS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE PROVIDED WITH TRAINING ON THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, PROVIDED WITH COPIES OF THE BYLAWS AND THESE ARE REVIEWED IN-PERSON WITH THE BOARD. IF A CONFLICT IS IDENTIFIED, THE BOARD MEMBERS INVOLVED WILL ABSENT THEMSELVES FROM THE ROOM DURING THE DISCUSSION AND RECUSE THEMSELVES FROM A VOTE ON ANY MATTER RELATED TO THE CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS HAS REVIEWED DOCUMENTATION OF COMPENSATION FOR SIMILAR POSITIONS. THE BOARD WAS PROVIDED WITH A COPY OF THE DATA COMPILED BY THE NATIONAL SEXUAL ASSAULT COALITION'S RESOURCE SHARING PROJECT WHO DID AN ORGANIZATIONAL

Name of the organization

IOWA COALITION AGAINST SEXUAL ASSAULT

Employer identification number

42-1178333

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

SURVEY, INCLUDING COMPENSATION OF MANAGEMENT AND ENTRY-LEVEL STAFF OF ALL OF THE
STATE SEXUAL ASSAULT COALITIONS. IOWACASA'S BOARD EXECUTIVE COMMITTEE COMPLETED A
FORMAL REVIEW OF THE EXECUTIVE DIRECTOR IN AUGUST 2009.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

CLIENT 144555

IOWA COALITION AGAINST SEXUAL ASSAULT

42-1178333

8/03/11

08 50AM

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

REVISION IN WRITING IF THEY WANT TO PROPOSE USE OF THE FUNDS IN A WAY OTHER THAN AS
ORIGINALLY WRITTEN IN THE GRANT APPLICATION. FINALLY, ALL FUNDED PROGRAMS MUST
SUBMIT SEMI-ANNUAL PROGRESS REPORTS. GRANT APPLICATIONS, CONTRACTS, BUDGET REVISION
REQUESTS (IF APPLICABLE), CLAIM VOUCHERS, SEMI-ANNUAL PROGRESS REPORTS, AND AUDITS
ARE ALL KEPT ON FILE AT THE IOWACASA OFFICE.

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 144555

IOWA COALITION AGAINST SEXUAL ASSAULT

42-1178333

8/03/11

08 50AM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CAPITAL ACQUISITIONS ACQ WITH GRANT FUNDING

	\$	8,811.
TOTAL	\$	<u>8,811.</u>

2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 144555

IOWA COALITION AGAINST SEXUAL ASSAULT

42-1178333

8/03/11

08 50AM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
FUNDRAISING		222.			
TOTAL	\$ 0.	\$ 222.	\$ 0.	\$ 0.	\$ 0.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **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 File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	IOWA COALITION AGAINST SEXUAL ASSAULT	42-1178333
	Number, street, and room or suite number. If a P.O. box, see instructions	
	515 28TH STREET #107	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	DES MOINES, IA 50312	

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

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

• The books are in the care of ► ELIZABETH BARNHILLTelephone No. ► 515-244-7424

FAX No. ► _____

• 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 5/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for► ☐ calendar year 20__ or► ☒ tax year beginning 10/01, 20 09, and ending 9/30, 20 102 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 \$ 0.

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 \$ 0.

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 \$ 0.

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.**BAA 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 the return. See instructions	Name of Exempt Organization		Employer identification number
	IOWA COALITION AGAINST SEXUAL ASSAULT		42-1178333
	Number, street and room or suite number. If a P.O. box, see instructions		For IRS use only
	MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WEST DES MOINES, IA 50266-6717		

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

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

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 care of ELIZABETH BARNHILL
Telephone No 515-244-7424 FAX No _____
- 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

- 4 I request an additional 3-month extension of time until 8/15, 20 11
- 5 For calendar year _____, or other tax year beginning 10/01, 20 09, and ending 9/30, 20 10
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL STATEMENT AUDIT AND TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

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 instrs.	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 Kellym Menners Title CRA Date 4/29/11