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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Women's Rape Crisis Center, Inc.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P.O. Box 92

Room/suite

City or town, state or country, and ZIP + 4 Burlington VT 05402-0092

D Employer identification number 03-0284577

E Telephone number 802-864-0555

G Gross receipts $ 565,176

F Name and address of principal officer
Cathleen Wilson
68 Seth Circle
Williston VT 05495

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ www.stoprapevermont.org

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile VT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	16
6 Total number of volunteers (estimate if necessary)	6	92
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	402,652	507,797
9 Program service revenue (Part VIII, line 2g)	260	2,164
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	277	295
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,973	54,920
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	433,162	565,176
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	392,274	422,097
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	97,782	111,006
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	490,056	533,103
19 Revenue less expenses Subtract line 18 from line 12	-56,894	32,073

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	541,312	518,858
21 Total liabilities (Part X, line 26)	369,265	314,738
22 Net assets or fund balances Subtract line 21 from line 20	172,047	204,120

RECEIVED MAY 2012

Part II Signature Block

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

Sign Here

Cathleen H Wilson — 5/7/12
Signature of officer — Date

Cathleen Wilson Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
David H. Angolano, CPA	David H Angolano	04/16/12		P00124210

Firm's name ▶ Angolano & Company CPA PC — Firm's EIN ▶ 03-0322470

Firm's address ▶ PO Box 639 Shelburne, VT 05482-0639 — Phone no 802-985-8992

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

DAA

SCANNED JUN 2012

G17 11

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

See Schedule O

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 $ 271,882 including grants of $) (Revenue $)

HOTLINE & ADVOCACY - Trained staff and volunteer advocates provide crisis support, ongoing emotional support, information, and referrals through the hotline. Advocates are also available to accompany survivors to the hospital for rape exams and to police stations for those who choose to report.

4b (Code) (Expenses $ 159,931 including grants of $) (Revenue $)

EDUCATION & OUTREACH - Services to raise awareness about sexual violence and safety through workshops, education events, and public awareness campaigns.

4c (Code) (Expenses $ 47,979 including grants of $) (Revenue $)

FUNDRAISING DEVELOPMENT - provides the structure necessary to encourage and secure private financial support from individuals, foundations, and corporations.

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 479,792

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on 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? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	21		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	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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ☐ Yes ☒ No			
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 19?* **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. *See the instructions for additional information the organization must report on Schedule O*				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant 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 of the governing body?		7a	X	
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				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13		X
13	Does the organization have a written whistleblower policy?	14		X
14	Does the organization have a written document retention and destruction policy?			
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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Cathleen Wilson 336 North Avenue Burlington VT 05401 802-864-0555

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Cathleen Wilson Exec. Dir.	40.00	X		X				55,638	0	5,263
(2) Erin Sue Carroll Board Chair.	1.00	X						0	0	0
(3) Marilyn Gillis Secretary	1.00	X						0	0	0
(4) Leah MacCarthy @ Large	1.00	X						0	0	0
(5) Yves Bradley @ Large	1.00	X						0	0	0
(6) Heidi Nepveu Treasurer	1.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								55,638		5,263
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								55,638		5,263

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

		Yes	No
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		X
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		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	434,866			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	72,931			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a–1f ▶		507,797			
Program Service Revenue		**Busn. Code**				
	2a WORKSHOPS		2,164	2,164		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		2,164			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		295	295		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a		28,266			
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		28,266			28,266
	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		146			
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		146			146
	Miscellaneous Revenue	**Busn. Code**				
	11a Other various		26,508	26,508		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		26,508			
	12 **Total revenue.** See instructions ▶		565,176	28,967	0	28,412

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	55,638	50,074	5,564	
7 Other salaries and wages	279,126	251,214	27,912	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	61,781	55,603	6,178	
10 Payroll taxes	25,552	22,997	2,555	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,950	3,555	395	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	18,565	16,708	1,857	
12 Advertising and promotion	748	673	75	
13 Office expenses	16,228	14,605	1,623	
14 Information technology				
15 Royalties				
16 Occupancy	7,090	6,381	709	
17 Travel	4,710	4,239	471	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	96	86	10	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,905	12,515	1,390	
23 Insurance	22,481	20,233	2,248	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Victim Assistance	6,060	5,454	606	
b Memberships	4,903	4,413	490	
c Beepers & Answering Servi	3,191	2,872	319	
d Repair & Maint	1,711	1,540	171	
e Education & Outreach SVAM	1,644	1,480	164	
f All other expenses	5,724	5,150	574	
25 **Total functional expenses.** Add lines 1 through 24f	533,103	479,792	53,311	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		6,501	1	200
	2	Savings and temporary cash investments		50,126	2	500
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		35,286	4	82,326
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	338
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 492,297			
	b	Less accumulated depreciation	10b 56,803	449,399	10c	435,494
	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)		541,312	16	518,858
Liabilities	17	Accounts payable and accrued expenses		23,604	17	23,095
	18	Grants payable			18	
	19	Deferred revenue		75,461	19	10,208
	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		270,200	23	257,200
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	24,235
	26	**Total liabilities.** Add lines 17 through 25		369,265	26	314,738
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		172,047	27	204,120
	28	Temporarily restricted net assets			28	
	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, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		172,047	33	204,120
	34	Total liabilities and net assets/fund balances		541,312	34	518,858

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	565,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	533,103
3	Revenue less expenses Subtract line 2 from line 1	3	32,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,047
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	204,120

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
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?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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 separate basis, consolidated 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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
Women's Rape Crisis Center, Inc.	03-0284577

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	496,138	486,004	475,608	402,652	507,797	2,368,199
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	496,138	486,004	475,608	402,652	507,797	2,368,199
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						2,368,199

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	496,138	486,004	475,608	402,652	507,797	2,368,199
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,067	4,028	1,337	277	295	11,004
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	42,609	29,403	31,603	29,973	57,084	190,672
11 **Total support.** Add lines 7 through 10						2,569,875
12 Gross receipts from related activities, etc (see instructions)					12	28,967

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 2010 (line 6, column (f) divided by line 11, column (f))	14	92 15 %
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	93 42 %

16a **33 1/3% support test—2010.** 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 ▶ ☒

b **33 1/3% support test—2009.** 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—2010.** 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—2009.** 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 ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part II, Line 10 - Other Income Detail

Special Events 2006-2010	$	131,227
Other Revenues 2006-2010	$	42,110
Merchandise Sales 2006-2010	$	11,801
Workshops 2006-2010	$	5,534

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

2010

Open to Public Inspection

Name of the organization

Women's Rape Crisis Center, Inc.

Employer identification number

03-0284577

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 easements it holds? ☐ Yes ☐ No

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
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 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		85,000		85,000
b Buildings		388,845	42,392	346,453
c Leasehold improvements				
d Equipment		18,452	14,411	4,041
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			▶	435,494

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Line of Credit	21,026
(3) Cash Overdraft	3,209
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	24,235

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	565,176
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	533,103
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32,073
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	32,073

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	794,691
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	229,515		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	229,515
3	Subtract line **2e** from line **1**			3	565,176
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines 3 and **4c.** (This must equal Form 990, Part I, line 12)			5	565,176

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

1	Total expenses and losses per audited financial statements			1	762,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	229,515		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	229,515
3	Subtract line **2e** from line **1**			3	533,103
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines 3 and **4c.** (This must equal Form 990, Part I, line 18)			5	533,103

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 XIV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization
Women's Rape Crisis Center, Inc.

Employer identification number
03-0284577

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 Mardi Gras Para (event type)	(b) Event #2 Other Misc. Eve (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	22,358	5,908		28,266
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,358	5,908		28,266
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	( )
	11 Net income summary Combine line 3, column (d), and line 10			▶	28,266

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? 9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization	Employer identification number
Women's Rape Crisis Center, Inc.	03-0284577

Form 990 - Organization's Mission or Most Significant Activities

Women's Rape Crisis Center (WRCC) is dedicated to ending all sexual violence. We are committed to serving the Chittenden County, VT, community through the continued provision of our services, and to be a leading voice in the State of Vermont for meaningful change in law and society. WRCC provides crisis counseling and advocacy for those whose lives have been affected by sexual violence. Our education/outreach strives to change the attitudes and beliefs that perpetuate and condone the cycle of violence. We constantly seek to expand to meet the needs of an increasingly diverse community and welcome all to our agency.

Form 990, Part I, Line 6

Approx. 92 volunteers who were either one-time event volunteers who helped with various aspects of the Mardi Gras event, or who helped with the 24 hour hotline, outreach, fundraising & building maintenance.

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

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

No income outside the tax-exempt purpose.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members of the Board shall be recruited by the Board Development Committee and elected by the Board itself. Board members shall serve a term of three

years.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
The Board makes policy decisions, staffing decisions, initiates the planning and budgeting process, evaluates the agency on an on-going basis, and is responsible for the approval of all major borrowing and purchases.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Reviewed by both the board & the Executive Director prior to mailing to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
As described in the By-laws: Members of the Board of Directors shall not knowingly engage in any activities or transactions in material conflict with their duties and obligations to the corporation while serving in such a capacity. Any Board Member interested in applying for a position within the agency must resign from the Board prior to submitting their application.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Executive Director's salary decided by the Board.

Form 990, Part VI, Line 15b - Compensation Process for Officers
All key employee's salaries determined by the Executive Director and the Board if necessary.

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

Name of the organization: Women's Rape Crisis Center, Inc.

Employer identification number: 03-0284577

Governing documents are made available to the public upon request.

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11

2010

Name

Women's Rape Crisis Center, Inc.

Employer Identification Number

03-0284577

Form 990, Part X, Line 23 - Additional Information

	Name of lender	Relationship to disqualified person
(1)	BERNARD BEAUDOIN	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	301,200	10/05/07	10/01/13	1,000 MNTH W/ BALLOON PMNT	4.110
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	NORTH AVENUE LAND & BUILDING	MORTGAGE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		270,200	257,200
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		270,200	257,200

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INVESTMENT INCOME	$ 295			VT		
Total	$ 295					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contracted Services	$ 11,907	$ 10,716	$ 1,191	$
Clinical Supervision				
Support Group Facilitator	1,050	945	105	
Computer Services	149	134	15	
Payroll Services	803	723	80	
Translation Services				
Professional Development	3,840	3,456	384	
Recruiting	816	734	82	
Total	$ 18,565	$ 16,708	$ 1,857	$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Outreach Materials	$ 1,504	$ 1,354	$ 150	$
Miscellaneous	1,208	1,085	123	
Special Events	1,124	1,012	112	
Fundraising	506	455	51	
Credit Card Charges	381	343	38	
Hotline	300	270	30	
Volunteer Training	241	217	24	
Volunteer Appreciation	230	207	23	
Banking Fees	202	182	20	
Support Group	28	25	3	
Total	$ 5,724	$ 5,150	$ 574	$ 0

Women's Rape Crises Center
Depreciation Schedule
For The Year Ended June 30, 2011

Num	Description	Method	Life	Date Acquired	Cost	Accum. Depr.	Current Depr.	Remaining Basis
1	Toshiba Laptop	S/L	5 0	1/30/1998	1,559	1,559	-	-
2	Dubot Sofa	S/L	10 0	1/5/2001	499	499	-	-
3	HP Pavilion 6835 PC	S/L	5 0	6/5/2001	880	880	-	-
4	Dell 4550 w/ monitor and p1500 print	S/L	5 0	4/14/2003	614	614	-	-
5	Dell 4550 w/ monitor and p1500 print	S/L	5 0	4/14/2003	614	614	-	-
6	Dell 4550 w/ monitor, printer, modem	S/L	5 0	4/14/2003	644	644	-	-
7	Z65 Color Jet Printer Lexmark	S/L	5 0	4/14/2003	272	272	-	-
8	Dell Dimension 2400 Desktop	S/L	5 0	7/29/2003	846	846	-	-
9	Quickbooks Payroll software	S/L	3 0	11/6/2003	169	169	-	-
10	Air Purifier	S/L	5 0	2/1/2004	181	181	-	-
11	Dell Laptop	S/L	5 0	2/24/2004	1,079	1,079	-	-
12	Dell Laser Printer 1700	S/L	5 0	8/16/2004	199	199	-	-
13	HP Computer / Monitor	S/L	5 0	12/7/2004	828	828	-	-
14	Network Wiring and setup	S/L	5 0	1/13/2005	810	810	-	-
15	Dell Marketing Laptop	S/L	5 0	4/27/2006	428	428	-	-
16	Office Cabinets	S/L	10 0	5/31/2006	1250	1125	125	0
17	Compaq Presario Computer	S/L	5 0	7/19/2007	285	143	57	85
18	Lexmark Printer	S/L	5 0	7/20/2007	526	263	105	158
19	Dell Computer	S/L	5 0	7/25/2007	420	210	84	126
20	Dell Computer	S/L	5 0	7/25/2007	420	210	84	126
21	Lexmark Printer	S/L	5 0	8/1/2007	268	135	54	79
22	Gateway GT5464 w/ Canon Printer	S/L	5 0	8/22/2007	632	315	126	191
23	Phone System Upgrad	S/L	7 0	9/26/2007	774	275	110	389
24	2 Dell P4 XP Computers	S/L	3 0	9/25/2008	523	261	174	87
25	Security System Camera/Monitor	S/L	10 0	8/27 & 10/22/08	3,732	560	373	2799
	Subtotal				$ 18,452	$ 13,119	$ 1,292	$ 4,040
366 North Ave Building								
24	Building	S/L	39 0	10/5/2007	$ 229,005	$ 14,680	$ 5,872	$ 208,453
25	Building Improvements	S/L	39 0	2007-2008	$ 95,426	$ 6,117	$ 2,447	$ 86,862
26	Paving	S/L	15 0	11/12/2008	$ 7,669	$ 767	$ 511	$ 6,391
27	Building Improvements	S/L	15 0	July & Oct '08	$ 3,179	$ 318	$ 212	$ 2,649
28	Heating System Upgrade	S/L	15 0	Jan-March '08	$ 45,846	$ 7,640	$ 3,056	$ 35,150
29	Roof Repairs	S/L	15 0	6/30/2010	$ 7,720	$ 257	$ 515	$ 6,948
	Subtotal				$ 388,845	$ 29,779	$ 12,613	$ 346,453

Women's Rape Crises Center
Depreciation Schedule
For The Year Ended June 30, 2011

Num	Description	Method	Life	Date Acquired	Cost	Accum. Depr.	Current Depr.	Remaining Basis
27	Land	S/L	n/a	10/5/2007	$ 85,000	$ -	$ -	$ 85,000
	TOTALS				$ 492,296	$ 42,898	$ 13,905	$ 435,492

Ending Sexual Violence *through* HOPE WORKS Healing Outreach Prevention *and* Empowerment

Advocacy Statistics

Fiscal Year 2010 (from July 1, 2010 to June 30, 2011)

H.O.P.E. Works (formerly known as Women's Rape Crisis Center) provided comprehensive crisis intervention, support, and advocacy to **434** survivors of sexual violence and their loved ones between July 2010 and June 2011. H.O.P.E. Works handled over **2280** hotline calls during the year, or about **6** calls a day.

H.O.P.E. Works provided support and assistance to survivors at the hospital, police station, courthouse, in support groups, and at other service organizations, for a total of on average **5** contacts with each person we served. H.O.P.E. Works staff spent 57% more time providing advocacy compared to last year.

Of the survivors we served whose gender and age was **disclosed**...

- **70%** were adult women;
- **14%** were girls under age eighteen;
- **12%** were adult men; and
- **4%** were boys under age eighteen.

Of the people who **disclosed** their age...

- **37%** were between age eighteen and twenty-five; and
- **18%** were under the age eighteen.

Types of victimization (some callers disclosed multiple forms of abuse):

- **86%** had survived a sexual assault;
- **46%** had been physically or emotionally abused;
- **7%** had experienced sexual abuse other than rape; and
- **6%** had been stalked.

Of the people who identified their relationship with their offender...

- **40%** had been victimized by an acquaintance;
- **38%** by a current or former partner;
- **18%** by a family member or other relative; and
- **4%** by a stranger.
- H.O.P.E. Works saw an **18% increase** in survivors aged 18 to 25 over last year.

24 HOUR HOTLINE **802.863.1236**
STATEWIDE VERMONT **1.800.489.7273**
PO Box 92 Burlington VT 05402
802 864.0555 *office* 802 863 8449 *fax*
hopeworksvt org

Ending Sexual Violence *through* H.O.P.E. W.O.R.K.S. Healing Outreach Prevention *and* Empowerment

Education & Prevention Statistics
Fiscal Year 2011 (from July 1, 2010 to June 30, 2011)

H.O.P.E. Works provided education, awareness, and violence prevention programming to **6,689** community members between July 2010 and June 2011. H.O.P.E. Works accomplished this work through **270** workshops and trainings—a **thirty percent increase** over the last three years. H.O.P.E. Works staff averaged over **five** presentations each week.

H.O.P.E. Works provided classroom workshops, presentations, multi-session educational support groups, and professional trainings to Chittenden County **teens, parents, college students, professionals, first responders** and other community members.

Through violence prevention workshops and educational trainings we served...

- **1807** middle & high school students (grades 5th-12th)
- **3457** college students
- **1158** professionals & first responders (police, nurses, school staff, social workers, etc.)
- **283** community members & parents

Types of programming:

- **97** middle & high school classrooms in Chittenden County
- **91** college classroom presentations
- **46** professional/first responder trainings
- **35** community trainings (safety forums, PTO meetings, etc.)

24 HOUR HOTLINE **802.863.1236**
STATEWIDE VERMONT **1.800.489.7273**
PO Box 92 Burlington VT 05402
802 864 0555 *office* 802 863 8449 *fax*
hopeworksvt org

WOMEN'S RAPE CRISIS CENTER

By-laws

REVISED October 2010

Article I

ORGANIZATION

Section 1.01 Name. The name of this Corporation shall be the Women's Rape Crisis Center, Inc.

Section 1.02 Powers. The Corporation may hold property, real and personal, incidental to carrying out its purposes and subject to established legal requirements.

Article II

PURPOSE

Section 2.01 Purpose The Women's Rape Crisis Center ("WRCC") exists to address the issue of rape in Chittenden County. The Women's Rape Crisis Center is a feminist agency organized for the following purposes: to provide short-term counseling and advocacy for survivors of sexual violence, their families and friends; to heighten awareness and prevention of sexual violence through community education and advocacy; to encourage survivor's self-empowerment, and WRCC is committed to maintaining an organization which empowers the Board, staff, and volunteers. To achieve these goals, we are operating by a modified consensus decision making process within the Board of Directors and staff.

Article III

GENERAL MEMBERSHIP

Section 3.01 Membership. The Members of the Corporation shall be 18 years of age or older, will not have utilized WRCC's services in the 6 months prior to becoming a Member, and will include all Members of the Board of Directors, all Advisory Board Members, all Committee Members, all Hotline/Advocacy and Social Change volunteers, and all regular staff. Minors 16 or 17 years of age a) who have not been WRCC service users in the 6 months prior to volunteering, and b) who provide WRCC written, parental permission that indemnifies and holds WRCC harmless, may attend a WRCC volunteer orientation session and serve in limited, pre-determined capacities as outreach and administrative volunteers

Section 3.02 Meetings.

(a) There shall be an annual meeting of the Members of the Corporation which will be held on a date designated by the Board.

(b) Special meetings of the Members of the Corporation shall be held upon the call of the Board of Directors or by 10% of the General Membership.

Section 3 03 Notice of Meetings Notices of every meeting of the Members, stating the time, place, and agenda, shall be given to each Member and such notices shall be delivered personally or by first-class mail not less than fifteen calendar days prior to the meeting. Included in this notification shall be the announcement of any nominees and all business items.

Section 3.04 Quorum Twenty-five percent of the Members entitled to make decisions at a meeting, present in person or represented by proxy, shall constitute a quorum for transaction of business at any meeting of the Members If twenty-five percent of the Members are not present, a vote cannot be taken, and the issue must be presented again to be voted upon at the next meeting or by referendum.

Section 3.05 Decision Making. Decisions will be made by a two-thirds majority vote due to the large size of the General Membership. However, all other decision making which occurs in Board and Standing Committee meetings will adhere to the modified consensus process as outlined in the attached "Modified Consensus Based Meeting Process." If issues need to be decided upon by the general Membership, and it is not possible to call a meeting, all Members will be notified by mail of the issue for a referendum The Board of Directors will post a ballot box in the office and Members will be responsible for casting their vote. Twenty-five percent of the Members must cast their vote in order for the vote to be valid. If less than twenty-five percent of the Members choose to vote, the issue must be voted upon again.

Section 3.06 Advisory Board Members. Individuals from the community at large, who are 18 years of age or older, may be selected to serve on the Advisory Board. They shall be individuals who have particular expertise in any of the aims and pursuits of the WRCC Advisory Board Members are invited to attend the annual meeting, and may serve on a Board Subcommittee. If an Advisory Board Member is not serving on a Board Subcommittee, that Member will not have any decision making power concerning policy decisions of the organization.

Article IV

BOARD OF DIRECTORS

Section 4 01 Management and Function. The property and business of the Corporation shall be managed by a Board of Directors ("B.O.D ") The B O.D makes policy decisions, that is those decisions which are broad, affect the entire organization, and have ongoing time frames. The B O.D. also makes staffing decisions and takes fiduciary and legal responsibility for the organization. The B.O.D. is responsible for initiation of the planning process, budget process, and the evaluation of the agency. Each Board Member is required to attend 8 hours of Board specific training per year.

Section 4.02 Membership Term and Election. Members of the Board of Directors shall be recruited by the Board Development Committee and elected by the Board of Directors. Members shall serve a term of three years. There shall be no less than 3 but no more than 15 elected Directors, all of whom shall be residents of or work in Chittenden County.

Section 4.03 Resignation and Removal; Vacancies.

(a) Any Director may resign at any time delivering a written notice of resignation signed by such Director to the Board; unless otherwise specified therein, such resignation shall take effect upon delivery. Any vacancy occurring in the B.O.D. may be filled by a modified consensus decision of the remaining Directors. A Director elected to fill a vacancy shall be elected for the unexpired term of his/her predecessor in office.

(b) Any Director who is absent from three of any six consecutive meetings of the B.O.D. shall be eligible for removal from the Board. A Director may also be removed at any time whenever the Board feels the best interests of the Corporation are not being served. To discuss the removal of a Board Member, a special meeting shall be called. Notice of such meetings shall state the name of the Director whose removal is proposed and the cause assigned for removal. The Director to be removed must be given an opportunity to present evidence and arguments on his/her own behalf at the meeting at which removal is considered. A consensus decision must be reached to affirm the removal of a Board Member. The Director in question will be recused from voting

Section 4.04 Meetings.

(a) A regular meeting of the Board shall be held at least once every month on such day of the month as shall be established by the Board. The Board of Directors may hold such other meetings from time to time as the business of the corporation might require and such meetings may be called by any Board Member or by request of 10% of the volunteer Membership. B.O.D meetings are open to any member of the agency who wishes to attend.

(b) A notice of every meeting of the B.O.D , stating the time, place and object thereof, shall be delivered personally, emailed or mailed to each Director at a reasonable time prior thereto, but notice of any meeting may be waived by any Director. Agenda and minutes of each B.O D. meeting will be posted in the office for all Members of the agency to review.

Section 4.05 Decision Making and Quorum. At every meeting of the Board, two-thirds of the Directors will constitute a quorum for the transaction of the business. Decisions will be made by a modified consensus process as outlined in the attached "Modified Consensus Based Meeting Process" Any Member of the agency may give input about a proposal at a B.O.D. meeting, but final decision-making responsibility lies with the elected Directors

Section 4.06 Telephone Meetings. Members of the B.O.D. may participate in a meeting of the B.O.D. by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting in such a manner shall constitute presence in person at such meeting.

Section 4.07 Executive Committee. The Executive Committee shall be composed of all of the elected officers (see Article V). The function of the executive committee is to discuss issues generated at B O D meetings that warrant closer examination than time would allow at a B.O.D. meetings, and to draft subsequent proposals for final approval by the B.O.D.

Section 4.08 Compensation. The Directors shall receive no compensation for their services as such.

Section 4 09 Conflict of Interest. Members of the Board of Directors shall not knowingly engage in any activities or transactions in material conflict with their duties and obligations to the corporation while serving in such a capacity. Any Board Member interested in applying for a position within the agency must resign from the Board prior to submitting their application

Article V

OFFICERS

Section 5.01 Officers. The officers of the corporation shall be a Board Coordinator(s), a Secretary, a Treasurer, and such other officers as the B.O.D. from time to time may appoint. No two offices may be held by the same person, and no staff person can be an officer.

Section 5.02 Selection of Officers. The Board Coordinator(s), Secretary and Treasurer shall be elected to the B.O.D. from its Membership and shall hold office for a term of two years and until their successors are chosen unless sooner removed by a modified consensus of the B.O.D.

Section 5.03 Removal and Resignation. Any officer may be removed at any time by the B.O.D. whenever in the judgment of the Board the best interests of the organization will be served thereby. A meeting will be called for such a purpose, naming the officer(s) whose removal is proposed and the causes for the removal. The officer to be removed must be given an opportunity to present evidence and arguments on his/her own behalf at the meeting at which removal is considered. A decision must be reached, via the modified consensus model, by the Board in order to remove an officer. The Director in question will be recused from a vote. Any officer may resign at any time by delivering a written notice to the Board signed by such officer. A verbal resignation to the Board, followed-up in writing, is likewise a valid resignation Unless otherwise specified therein, a written or verbal resignation shall take effect upon delivery or utterance.

Section 5 04 Vacancies. Any vacancy occurring in any office of the Corporation by reason of death, resignation, removal of an officer or otherwise shall be filled by the Directors in the same manner as provided for ordinary elections of officers by Directors, and an officer so chosen shall hold office until the next regular selection for that office, or until earlier death, resignation or removal.

Section 5.05 Board Coordinator(s). The Board Coordinator(s) for the Corporation shall have such powers and duties as shall be assigned by the B.O.D. The Board Coordinator(s) shall convene all meetings of the Members and B O.D. and the Executive Committee. The Board Coordinator(s) shall have general charge of the affairs of the Corporation and general supervision over its officers, employees and agents.

Section 5.06 Treasurer. The Treasurer, subject to the direction and under the supervision of the Board, shall be the financial officer of the Corporation and shall have general charge of the financial concerns of the Corporation. The Treasurer shall have the care and custody of all the funds of the Corporation and shall deposit the same in such banks or other depositories as the board from time to time directs or approves. In the absence of the Board Coordinator, the Treasurer can convene regular and emergency meetings of the Board.

Section 5.07 Secretary. The Secretary, subject to the direction and under the supervision of the Board, shall make and maintain a written record of all Board meetings and all actions taken by the Board. In the absence of either or both of the Board Coordinator(s) and of the Treasurer, the Secretary can convene regular and emergency meetings of the Board

Form **8868**
(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	Women's Rape Crisis Center Inc.	03-0284577
	Number, street, and room or suite no If a P O box, see instructions P.O. Box 92	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Burlington VT 05402-0092	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Cathleen Wilson
336 North Avenue

- The books are in the care of ▶ Burlington VT 05401
  Telephone No ▶ 802-864-0555 FAX No ▶ 802-863-8449
- 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/12 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year or
▶ [X] tax year beginning 07/01/10 , and ending 06/30/11

2 If this tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

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	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	Women's Rape Crisis Center, Inc.	03-0284577
	Number, street, and room or suite no If a P.O box, see instructions. P.O. Box 92	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Burlington VT 05402-0092	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

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

Cathleen Wilson
336 North Avenue

- The books are in the care of ▶ Burlington VT 05401
  Telephone No ▶ 802-864-0555 FAX No. ▶ 802-863-8449
- 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 05/15/12.

5 For calendar year , or other tax year beginning 07/01/10 , and ending 06/30/11 .

6 If the tax year entered in line 5 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 requested to gather information to prepare 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

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

Signature ▶ Title ▶ CPA Date ▶ 02/06/12