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## Return of Organization Exempt From Income Tax

2010

Department of the Treasury  
Internal Revenue ServiceUnder 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.

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE  
948 INCLINE WAY  
INCLINE VILLAGE, NV 89451

## D Employer identification number

94-2985554

## E Telephone number

775-298-0010

## G Gross receipts \$ 1,577,870.

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.TAHOESAFEALLIANCE.ORG

H(c) Group exemption number ► 8199

K Form of organization  Corporation  Trust  Association  Other ► L Year of Formation 1982 M State of legal domicile CA

## Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>CRISIS INTERVENTION SERVICES, DBA TAHOE SAFE ALLIANCE OPENED IN 1982. THEIR MISSION IS TO "REDUCE THE INCIDENCE AND TRAUMA OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE IN THE NORTH LAKE TAHOE AND TRUCKEE COMMUNITIES."</u>
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a)
4	Number of independent voting members of the governing body (Part VI, line 1b)
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)
6	Total number of volunteers (estimate if necessary)
7a	Total unrelated business revenue from Part VIII, column (C), line 12
b	Net unrelated business taxable income from Form 990-T, line 34

Activities &amp; Governance

Revenue

Expenses

Net Assets  
Fund BalancesMAR 15 2012  
SCANNED

3	11
4	11
5	23
6	100
7a	0
7b	0

8	Contributions and grants (Part VIII, line 1h)
9	Program service revenue (Part VIII, line 2g)
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year	Current Year
1,412,906.	1,454,130.
-418.	795.
69,400.	62,888.
1,481,888.	1,517,813.

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)
16a	Professional fundraising fees (Part IX, column (A), line 11e)
b	Total fundraising expenses (Part IX, column (D), line 25) ► 61,872.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
19	Revenue less expenses. Subtract line 18 from line 12

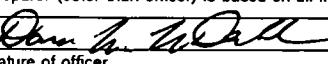
Prior Year	Current Year
886,439.	992,444.
523,346.	527,989.
1,409,785.	1,520,433.
72,103.	-2,620.

20	Total assets (Part X, line 16)
21	Total liabilities (Part X, line 26)
22	Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year	End of Year
606,433.	673,044.
299,709.	367,945.
306,724.	305,099.

RECEIVED  
FEB 24 2012  
OSC

Part II Signature Block

► 	Date
► DAREN MCDONALD	TREASURER
Type or print name and title	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
SANDRA CARLOS		2/7/12		P01086139
Firm's name ► SANDRA CARLOS ACCOUNTANCY CORP				
Firm's address ► 844 RICHLAND RD STE A				Firm's EIN ► 01-0865437
YUBA CITY, CA 95991-6276				Phone no 530-822-0171

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

617 20

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

CRISIS INTERVENTION SERVICES, DBA TAHOE SAFE ALLIANCE OPENED IN 1982. THEIR MISSION IS TO "REDUCE THE INCIDENCE AND TRAUMA OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE IN THE NORTH LAKE TAHOE AND TRUCKEE COMMUNITIES."

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 \$ 455,780. including grants of \$ \_\_\_\_\_) (Revenue \$ 430,310.)  
SEE SCHEDULE O

4b (Code: \_\_\_\_\_) (Expenses \$ 232,638. including grants of \$ \_\_\_\_\_) (Revenue \$ 201,039.)  
PREVENTION & EDUCATION SERVICES -

CRISIS INTERVENTION SERVICES DBA TAHOE SAFE ALLIANCE'S PHILOSOPHY IS THAT ALL PEOPLE HAVE THE RIGHT TO A LIFE WITHOUT VIOLENCE, AND THEY BELIEVE THE BEST TIME TO STOP VIOLENCE IS BEFORE IT BEGINS. THE PREVENTION PROGRAM PROVIDES PREVENTION EDUCATION TO CHILDREN AND TEENS IN SCHOOLS AND IN THE COMMUNITY. THEY PROVIDE AGE-APPROPRIATE MATERIAL ON CHILD ABUSE PREVENTION, DATING AND DOMESTIC VIOLENCE, SEXUAL ASSAULT, SELF DEFENSE AND SEXUAL HARASSMENT.

THE PREVENTION PROGRAM PROVIDES VIOLENCE PREVENTION EDUCATION IN ENGLISH AND SPANISH TO LOCAL SCHOOL DISTRICTS, BUSINESSES AND ORGANIZATIONS IN NORTH LAKE TAHOE AND TRUCKEE.

4c (Code: \_\_\_\_\_) (Expenses \$ 198,403. including grants of \$ \_\_\_\_\_) (Revenue \$ 195,799.)  
SEE SCHEDULE O

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

(Expenses \$ 270,617. including grants of \$ \_\_\_\_\_) (Revenue \$ 247,612.)

4e Total program service expenses ► 1,157,438.

**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 <b>Section 501(c)(3) organizations</b> 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	
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	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> 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)**

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	17		
1b	0		
1c		X	
2a	23		
2b		X	
3a		X	
3b			
4a		X	
5a		X	
5b		X	
5c			
6a		X	
6b			
7a		X	
7b			
7c		X	
7d			
7e		X	
7f		X	
7g			
7h			
8		X	
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		X	
14b			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

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)?

b If 'Yes,' enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

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?

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**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?

b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If 'Yes,' indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

**8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

**10 Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**11 Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

**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? **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

c Enter the amount of reserves on hand

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

**b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

**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

### 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	11
b Enter the number of voting members included in line 1a, above, who are independent	1b	11
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:	8a	X
a The governing body?	8b	X
b Each committee with authority to act on behalf of the governing body?	9	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		

### 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. SEE SCHEDULE O	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 SEE SCHEDULE O	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?	15a	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a The organization's CEO, Executive Director, or top management official	16a	X
b Other officers of key employees of the organization	16b	
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?		
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 

Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 

► LINDA ROND 948 INCLINE WAY INCLINE VILLAGE NV 89451 775-298-0010

**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 organization 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			
(1) HEATHER TONE PRESIDENT	5	X					0.	0.	0.
(2) DARLENE PEARSON-BRAY DIRECTOR	1	X					0.	0.	0.
(3) BRIAN GONSALVES DIRECTOR	1	X					0.	0.	0.
(4) DINA MARSHAL DIRECTOR	1	X					0.	0.	0.
(5) RANDY FENN DIRECTOR	1	X					0.	0.	0.
(6) HEIDI DOYLE SECRETARY	1	X					0.	0.	0.
(7) BARRY TRIESTMAN DIRECTOR	1	X					0.	0.	0.
(8) COURtenay SILVERGLEID W DIRECTOR	1	X					0.	0.	0.
(9) PAULA LAUER DIRECTOR	1	X					0.	0.	0.
(10) DAREN McDONALD TREASURER	1	X					0.	0.	0.
(11) SEAN FARNAN VICE PRESIDENT	1	X					0.	0.	0.
(12) KAREN CAREY EXECUTIVE DIREC	50			X			76,114.	0.	0.
(13) _____									
(14) _____									
(15) _____									
(16) _____									
(17) _____									

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch 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	Highest compensated employee			
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
(29)								
<b>1b Sub-total</b>						► 76,114.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>						► 0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>						► 76,114.	0.	0.

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

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

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

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

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e	1,094,298.			
	1f All other contributions, gifts, grants, and similar amounts not included above	1f	359,832.			
	1g Noncash contributions included in lns 1a-1f	1g	\$ 245,216.			
	<b>1h Total.</b> Add lines 1a-1f		► 1,454,130.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		►			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		795.		795.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income 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 and sales expenses					
	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	121,076.			
	b Less: direct expenses	b	60,057.			
c Net income or (loss) from fundraising events		► 61,019.			61,019.	
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	631.				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		► 631.			631.	
Miscellaneous Revenue	Business Code					
11a PROGRAM FEES			720.		720.	
b CELL PHONE RECYCLING PROG			518.		518.	
c						
d All other revenue						
e Total. Add lines 11a-11d		► 1,238.				
<b>12 Total revenue.</b> See instructions		► 1,517,813.	0.	0.	63,683.	

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	76,114.	18,544.	57,570.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	736,398.	633,072.	70,326.	33,000.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	118,645.	102,812.	10,263.	5,570.
10 Payroll taxes	61,287.	50,672.	6,801.	3,814.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,600.	10,460.	2,140.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	6,940.		6,940.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	149,100.	69,566.	79,534.	
17 Travel	23,968.	19,375.	4,593.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,804.	11,259.	3,545.	
20 Interest	5,925.	5,182.	743.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,660.	7,905.	1,755.	
23 Insurance	17,655.	13,656.	3,999.	
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 VOLUNTEER HOURS	76,740.	76,740.		
b DIRECT SERVICES	36,168.	35,643.	525.	
c CONTRACT LABOR	30,600.	30,260.	340.	
d SUPPLIES	27,163.	17,319.	9,844.	
e IN-KIND FUNDRAISING	14,779.			14,779.
f All other expenses	101,887.	54,973.	42,205.	4,709.
25 Total functional expenses Add lines 1 through 24f	1,520,433.	1,157,438.	301,123.	61,872.
26 Joint costs. Check here <input type="checkbox"/> 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
<b>ASSETS</b>	1 Cash – non-interest-bearing	29,877.	1	117,562.
	2 Savings and temporary cash investments	119,473.	2	95,091.
	3 Pledges and grants receivable, net	217,379.	3	205,235.
	4 Accounts receivable, net	1,910.	4	9,204.
	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	5,185.	9	623.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	340,529.		
	<b>b</b> Less accumulated depreciation.	10b 98,929.	228,880.	10c 241,600.
	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	3,729.	15	3,729.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	606,433.	16	673,044.
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	16,699.	17	35,819.
	18 Grants payable		18	
	19 Deferred revenue	38,765.	19	70,883.
	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	215,046.	23	220,228.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	29,199.	25	41,015.
	<b>26 Total liabilities.</b> Add lines 17 through 25	299,709.	26	367,945.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	187,251.	27	141,443.
	28 Temporarily restricted net assets		28	43,640.
	29 Permanently restricted net assets	119,473.	29	120,016.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	306,724.	33	305,099.
	<b>34 Total liabilities and net assets/fund balances.</b>	606,433.	34	673,044.

BAA

Form 990 (2010)

**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	1,517,813.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,520,433.
3 Revenue less expenses. Subtract line 2 from line 1	3	-2,620.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	306,724.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	995.
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	305,099.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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
2b 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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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	X
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	X

BAA

Form 990 (2010)

**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 497(a)(1) nonexempt charitable trust.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE** Employer identification number **94-2985554**

**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 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 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?

	<b>Yes</b>	<b>No</b>
11 g (i)		
11 g (ii)		
11 g (iii)		

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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 'unusual grants.')	1,189,354.	1,204,764.	1,305,045.	1,412,906.	1,454,130.	6,566,199.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,189,354.	1,204,764.	1,305,045.	1,412,906.	1,454,130.	6,566,199.
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)						0.
6 Public support. Subtract line 5 from line 4						6,566,199.

**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	1,189,354.	1,204,764.	1,305,045.	1,412,906.	1,454,130.	6,566,199.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,704.	2,016.	308.	174.	795.	6,997.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	921.	2,853.	4,317.	69,400.	62,888.	140,379.
11 Total support. Add lines 7 through 10						6,713,575.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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 97.8 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 98.7 %

16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33-1/3% support test – 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 yr beginning in) ►

- 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.
- 7b 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.
- 7c Add lines 7a and 7b.
- 8 **Public support** (Subtract line 7c from line 6.)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
7c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

- 9 Amounts from line 6.
- 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.
- 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.
- 10c 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).

2010

**SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5**

**CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE**

**94-2985554**

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
OTHER INCOME	62,888.	69,400.	4,317.	2,853.	921.
TOTAL	<u>\$ 62,888.</u>	<u>\$ 69,400.</u>	<u>\$ 4,317.</u>	<u>\$ 2,853.</u>	<u>\$ 921.</u>

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

**2010****Open to Public  
Inspection**

Name of the organization

Employer identification number

CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE

94-2985554

**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)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 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	

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 the 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	119,473.	9,950.	10,000.		
b Contributions	20,000.	108,896.			
c Net investment earnings, gains, and losses	1,370.	627.			
d Grants or scholarships					
e Other expenditures for facilities and programs	45,000.				
f Administrative expenses	753.		50.		
g End of year balance	95,090.	119,473.	9,950.		

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)	X	
3a(ii)		X
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. SEE PART XIV

**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		71,686.		71,686.
b Buildings		222,420.	79,565.	142,855.
c Leasehold improvements				
d Equipment		30,885.	7,822.	23,063.
e Other		15,538.	11,542.	3,996.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				241,600.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(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) _____		
<b>Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►</b>		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(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) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►</b>	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED VACATION PAYABLE	41,015.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►</b>	41,015.

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)	1,517,813.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1,520,433.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-2,620.
4 Net unrealized gains (losses) on investments	995.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	995.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-1,625.

**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	1,577,870.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,577,870.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV) SEE PART XIV	4b	-60,057.
c Add lines 4a and 4b	4c	-60,057.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,517,813.

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

1 Total expenses and losses per audited financial statements	1	1,580,490.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.) SEE PART XIV	2d	60,057.
e Add lines 2a through 2d	2e	60,057.
3 Subtract line 2e from line 1	3	1,520,433.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,520,433.

**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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE PURPOSE OF THE ENDOWMENT FUND IS TO ENSURE THE STABILITY AND LONG TERM PRESENCE OF THE ORGANIZATION IN THE FUTURE, BY ESTABLISHING AN ENDOWMENT THAT WILL PROVIDE STABLE INCOME FOR THE LONG-TERM.

**Part XIV Supplemental Information (continued)**

2010

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

**CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE**

**94-2985554**

**SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

EVENT EXPENSES NOT NETTED ON F/S

**TOTAL \$ -60,057.**

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

EVENT EXPENSES REPORTED AS EXPENSES

**TOTAL \$ 60,057.**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2010

**Open to Public  
Inspection**

Name of the organization **CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE**

Employer identification number  
94-2985554

**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.

**Part I** **Fundraising Activities.** Complete if the organization answers "Yes" to Part I of Form 990-F7. Form 990-F7 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.

• Identify areas for the organization to add value through early engagement.

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

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

**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 fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					0.

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 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 CHOCOLATE FEST (event type)	(b) Event #2 SKI DAY (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	51,462.	48,365.	21,249.	121,076.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	51,462.	48,365.	21,249.	121,076.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	38,413.		112.	38,525.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,963.	1,823.	7,746.	21,532.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				60,057.
	11 Net income summary. Combine line 3, column (d), and line 10				61,019.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Combine lines 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?

Yes  No

b If 'No,' explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If 'Yes,' explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization **CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE** Employer identification number **94-2985554**

**Part I Types of Property**

	<b>(a) Check if applicable</b>	<b>(b) Number of contributions or items contributed</b>	<b>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining noncash contribution amounts</b>
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► <u>(AUCTION ITEMS</u> -----)		63	22,514.	FMV
26 Other ► <u>(ADVERTISING</u> -----)		2	6,985.	ACTUAL RATES
27 Other ► <u>(RAISE THE ROOF</u> -----)		18	13,814.	FMV
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	<b>Yes</b>	<b>No</b>
30a		X
31		X
32a		X

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

**Schedule M (Form 990) 2010**

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Name of the organization	CRISIS INTERVENTION SERVICES TAHOE SAFE ALLIANCE	Employer identification number
		94-2985554

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS****CLIENT SERVICES (NONRESIDENTIAL) -**

CRISIS INTERVENTION SERVICES, DBA TAHOE SAFE ALLIANCE OFFERS CLIENT SERVICES IN SPANISH AND ENGLISH THROUGH A 24-HOUR HELP LINE AND THROUGH THREE DIRECT SERVICE OFFICES IN TRUCKEE, KINGS BEACH AND INCLINE VILLAGE. OFFICES ARE OPEN MONDAY THROUGH FRIDAY 9:00 AM TO 5 PM. STAFF AND VOLUNTEER ADVOCATES ARE AVAILABLE TO ASSIST CLIENTS IN IDENTIFYING AND ASSESSING DOMESTIC VIOLENCE AND SEXUAL ASSAULT, AND ITS EFFECTS ON THEIR LIVES. THEY ALSO WORK TO CREATE A SAFETY PLAN TO ALLEVIATE THE VIOLENCE IN CLIENT'S LIVES. OTHER SERVICES INCLUDE: ACCOMPANIMENT TO LAW ENFORCEMENT OFFICES; COURTS OR HOSPITAL; ADVOCACY WITH LOCAL GOVERNMENT AND OTHER SERVICE PROVIDERS; ASSISTANCE WITH TEMPORARY PROTECTIVE/RESTRAINING ORDERS AND WEEKLY SPANISH AND ENGLISH SUPPORT GROUPS. A PART TIME LEGAL ADVOCATE ASSISTS CLIENTS WITH COMPLETING PAPERWORK FOR DIVORCES AND CHILD CUSTODY CASES AND INDIVIDUAL COUNSELING IS AVAILABLE AS WELL.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS****CHILDREN'S SERVICES -**

THE CHILDREN'S PROGRAM AT CRISIS INTERVENTION SERVICES DBA TAHOE SAFE ALLIANCE IS DESIGNED TO PROVIDE COMPREHENSIVE TREATMENT AND SERVICES TO CHILDREN WHO HAVE EXPERIENCED OR ARE AT RISK FOR ABUSE. WE SUPPORT CHILDREN WHO ARE AT RISK BY PROVIDING ADVOCACY, ACCOMPANIMENT, AND SUPPORT GROUPS AS WELL AS INDIVIDUAL AND GROUP THERAPY. THE PROGRAM IS DESIGNED TO HELP CHILDREN UNDERSTAND THAT THEY ARE NOT RESPONSIBLE FOR THE ABUSE THEY EXPERIENCED. IT ALSO HELPS THEM HEAL FROM THE TRAUMA OF VIOLENCE AND ABUSE, AND TEACHES THEM HOW TO BE SAFE AT HOME AND IN THE COMMUNITY.

THE CHILDREN SERVED ARE UNDER 18 AND HAVE EXPERIENCED PHYSICAL ABUSE, SEXUAL

Name of the organization **CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE**

Employer identification number  
**94-2985554**

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

ABUSE/EXPLOITATION, EMOTIONAL ABUSE, PHYSICAL/EMOTIONAL NEGLECT, HEALTH AND MEDICAL NEGLECT, ABANDONMENT, DOMESTIC AND FAMILY VIOLENCE, ABDUCTION, SCHOOL AND COMMUNITY VIOLENCE, ACTS OF TERRORISM AND HATE CRIMES.

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

**RESIDENTIAL SAFE HOUSE PROGRAM -**

THE MOUNTAIN ROSE SAFE HOUSE IS A TEMPORARY REFUGE FOR WOMEN AND CHILDREN WHO ARE THREATENED BY ABUSE IN THEIR HOMES. THE GOAL IS TO PROVIDE A SAFE PLACE TO STAY WHILE RESIDENTS BEGIN TO DEVELOPS A FUTURE PLAN OF ACTION. THE SAFE HOUSE, HOWEVER IS MORE THAN JUST A SHELTER. IT IS AN EMPOWERING PROGRAM WHICH PROVIDES A VARIETY OF SUPPORTIVE SERVICES INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT EDUCATION, COUNSELING, ADVOCACY, CASE MANAGEMENT, LEGAL SERVICES, WEEKLY SUPPORT GROUPS, FINANCIAL PLANNING, EMPLOYMENT REFERRALS, CLOTHING, FOOD AND TRANSPORTATION. A RESIDENT WILL NEED TO COMMIT TO PARTICIPATE IN THE REQUIRED 2 CASE MANAGEMENT SESSIONS WITH SAFE HOUSE STAFF PER WEEK, 1 EDUCATION SESSION PER WEEK, 1 ART WORKSHOP PER WEEK AS WELL AS ATTENDING SUPPORT GROUP 2 NIGHTS PER WEEK. CHILD CARE IS PROVIDED DURING GROUP SESSIONS. THE MOUNTAIN ROSE SAFE HOUSE IS A 2 MONTH PROGRAM WHICH WILL ALLOW THE WOMEN TO SAVE SOME MONEY FOR THEIR FUTURE WHILE BECOMING EMPOWERED AND EDUCATED SO THAT THEY CAN HAVE A SAFE AND VIOLENCE-FREE FUTURE TO LOOK FORWARD TO. RENTAL AND UTILITY ASSISTANCE ARE ALSO AVAILABLE FOR WOMEN WHO ARE TRANSITIONING OUT OF THE SAFE HOUSE AFTER COMPLETING THE PROGRAM. TWS CAN ALSO PROVIDE SHELTER FOR MALE SURVIVORS, AS WELL AS OTHER HOMELESS INDIVIDUALS ON A LIMITED BASIS, IN LOCAL MOTELS.

**VOLUNTEER PROGRAM -**

VOLUNTEERS WORK PRIMARILY ON THE HELP LINE PROVIDING 24-HOUR COVERAGE, WITH THE CHILDREN'S PROGRAM, SAFE HOUSE BUDDY PROGRAM AND THE PREVENTION PROGRAM.

Name of the organization CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCEEmployer identification number  
94-2985554**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

CRISIS INTERVENTION SERVICES DBA TAHOE SAFE ALLIANCE IS FORTUNATE TO HAVE TWO FULL-TIME AMERICORPS VOLUNTEERS, ONE WORKING IN THE OUTREACH AND DEVELOPMENT PROGRAM AND ONE WORKING IN BOTH THE CHILDREN'S AND SAFE HOUSE PROGRAM.

VOLUNTEER TRAINING IS HELD THROUGHOUT THE YEAR INCLUDING TWO CRISIS INTERVENTION TRAININGS, A 63 HOUR TRAINING FOR VOLUNTEERS PROVIDING DIRECT SERVICES TO CLIENTS; PEAKERS BUREAU TRAINING; PREVENTION PROGRAM TRAINING AND SPECIAL EVENT TRAINING.

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

THE FINANCE COMMITTEE, WHICH CONSISTS OF BOARD AND COMMUNITY MEMBERS, REVIEWS THE FORM 990, APPROVES IT FOR FILING, AND PROVIDES THE BOARD WITH A SYNOPSIS OF THIS DOCUMENT. A COPY OF THE FORM 990 WILL BE MADE AVAILABLE AT OUR INCLINE OFFICE FOR 7 DAYS FOR ANY BOARD OF DIRECTOR WHO HAS AN INTEREST IN REVIEWING THIS DOCUMENT IN GREATER DETAIL.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND EVERY BOARD MEMBER IS REQUIRED AT THE INITIAL TIME OF ANY CONFLICT TO DISCLOSE TO THE BOARD AND/OR CHAIR OF THE BOARD OF THIS CONFLICT.

THE CONFLICT OF INTEREST FOR STAFF IS COVERED IN THE EMPLOYEE HANDBOOK. STAFF WHO FIND THEMSELVES IN A CONFLICT OF INTEREST SITUATION MUST REPORT IT IMMEDIATELY TO THEIR IMMEDIATE SUPERVISOR OR TO THE EXECUTIVE DIRECTOR.

ANNUALLY, THE BOARD REVIEWS THE EMPLOYEE HANDBOOK, AND ALSO REVIEWS THE CONFLICT OF INTEREST POLICY WHICH IS PART OF THE TWS BYLAWS. THE BOARD IS REMINDED OF THE

Name of the organization **CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE**

Employer identification number  
**94-2985554**

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

IMPORTANCE OF DISCLOSING ANY AND ALL POSSIBLE CONFLICTS OF INTEREST. FOLLOWING THE BOARDS REVIEW, THE STAFF WILL ALSO REVIEW THE EMPLOYEE HANDBOOK WHICH INCLUDES THE CONFLICT OF INTEREST POLICY.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE DISCLOSED AND MADE AVAILABLE TO ANYONE THAT REQUESTS THIS INFORMATION.

2010

**SCHEDULE O - SUPPLEMENTAL INFORMATION**  
CRISIS INTERVENTION SERVICES  
TAHOE SAFE ALLIANCE

**PAGE 3**

94-2985554

**FORM 990, PART XI, LINE 5**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL	\$	995.
	\$	<u>995.</u>