

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. Utah Coalition Against Sexual Assault, 284 West 400 North, Salt Lake City, UT 84103. D Employer identification number: 87-0559460. E Telephone number: (801)-746-0404. F Accounting method: Cash, Accrual, Other (specify).

G Web site: www.ucasa.org. H (a) Is this a group return for affiliates? (b) If 'Yes,' enter number of affiliates. (c) Are all affiliates included? (d) Is this a separate return filed by an organization covered by a group ruling?

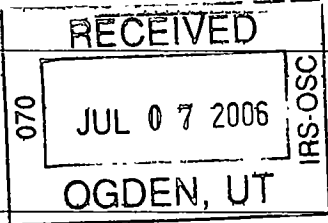
J Organization type: 501(c) 3. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 152,094.

M Check if the organization is not required to attach Schedule B. I Group Exemption Number.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes rows for contributions, program revenue, membership dues, interest, dividends, gross rents, investment income, gross amount from sales of assets, special events, gross sales of inventory, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, and net assets.

SCANNED AUG 07 2006



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	41,248.	35,060.	4,125.	2,063.
26 Other salaries and wages	26	46,950.	39,906.	4,695.	2,349.
27 Pension plan contributions	27				
28 Other employee benefits	28	5,422.	4,609.	542.	271.
29 Payroll taxes	29	10,161.	8,636.	1,016.	509.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	5,497.	4,672.	550.	275.
34 Telephone	34	3,320.	2,822.	332.	166.
35 Postage and shipping	35	443.	377.	44.	22.
36 Occupancy	36	18,000.	15,300.	1,800.	900.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,526.	1,297.	153.	76.
39 Travel	39	3,479.	2,957.	348.	174.
40 Conferences, conventions, and meetings	40	1,070.	910.	107.	53.
41 Interest	41	1,697.	1,442.	170.	85.
42 Depreciation, depletion, etc (attach schedule)	42	2,031.	1,726.	203.	102.
43 Other expenses not covered above (itemize)					
a See Statement 2	43a	12,836.	11,033.	1,205.	598.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	153,680.	130,747.	15,290.	7,643.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>See Statement 3</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> See Statement 4 ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>b</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <input type="checkbox"/>	<b>130,747.</b>

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	3,560.	45	14,061.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	12,648.			
	b Less allowance for doubtful accounts				
			33,832.	47c	12,648.
	48a Pledges receivable				
	b Less allowance for doubtful accounts				
				48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)				
	b Less allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
53 Prepaid expenses and deferred charges			53		
54 Investments – securities (attach schedule)			54		
55a Investments – land, buildings, & equipment basis					
b Less accumulated depreciation (attach schedule)					
			55c		
56 Investments – other (attach schedule)			56		
57a Land, buildings, and equipment, basis	17,774.				
b Less accumulated depreciation (attach schedule)					
	Statement 5				
	57b	13,613.			
		4,693.	57c	4,161.	
58 Other assets (describe ▶ See Statement 6 )		2,245.	58	2,245.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		44,330.	59	33,115.	
LIABILITIES	60 Accounts payable and accrued expenses	44,369.	60	34,740.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ▶ )			65	
66 <b>Total liabilities.</b> Add lines 60 through 65		44,369.	66	34,740.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		-39.	67	-11,728.
	68 Temporarily restricted			68	10,103.
	69 Permanently restricted			69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		-39.	73	-1,625.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		44,330.	74	33,115.

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	162,569.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>	10,475.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	10,475.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	152,094.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	152,094.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	164,155.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>	10,475.	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	10,475.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	153,680.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	153,680.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 7		41,248.	0.	0.
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings 9
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
Note. Related organizations include section 509(a)(3) supporting organizations
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with 'X' marks in the No column.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If 'Yes,' enter the name of the organization N/A and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions) 0.
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in the No column.

**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 501(c)(4), (5), or (6) organizations. a</b>	Were substantially all dues nondeductible by members?		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86 501(c)(7) organizations</b>	Enter a Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b>	Enter a Gross income from members or shareholders	87a	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
<b>89 a 501(c)(3) organizations</b>	Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.		
<b>b 501(c)(3) and 501(c)(4) organizations</b>	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.	
<b>90 a</b>	List the states with which a copy of this return is filed ▶ None		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	0
<b>91 a</b>	The books are in care of ▶ Laurel Duncan Telephone number ▶ (801)-746-0404 Located at ▶ 284 West 400 North, Salt Lake City UT ZIP + 4 ▶ 84103		
<b>b</b>	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)? If 'Yes,' enter the name of the foreign country ▶	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements.			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91c	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	N/A	▶ <input type="checkbox"/>

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**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts		15.	14		
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					1,147.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		15.			1,147.
105 Total (add line 104, columns (B), (D), and (E))					1,162.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

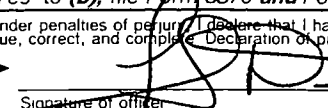
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

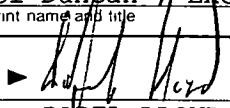
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by taxpayer.  
 Signature of officer:   
 Type or print name and title: Laurel Duncan, Executive Director

Paid Preparer's Use Only  
 Preparer's signature:   
 Firm's name (or yours if self employed), address, and ZIP + 4: RADEL LLOYD, CPA  
1430 SANDHILL RD  
OREM, UT 84058-7310



SCHEDULE A  
(Form 990 or 990-EZ)

Organization Exempt Under  
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Utah Coalition Against Sexual Assault

Employer identification number

87-0559460

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one. If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	▶	0		

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	▶	0

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None' See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶	0

**Part III Statements About Activities** (See instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2a</b> Sale, exchange, or leasing of property?		X
<b>2b</b> Lending of money or other extension of credit?		X
<b>2c</b> Furnishing of goods, services, or facilities?		X
<b>2d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>2e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>3c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>4b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	254,210.		282,020.	160,990.	697,220.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5.		94.	65.	164.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	254,215.		282,114.	161,055.	697,384.
24 Line 23 minus line 17	254,215.		282,114.	161,055.	697,384.
25 Enter 1% of line 23	2,542.		2,821.	1,611.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	▶ 26a	13,948.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶ 26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶ 26c	697,384.
d Add Amounts from column (e) for lines	18 <u>164.</u> 19 _____	▶ 26d	164.
	22 _____ 26b _____	▶ 26e	697,220.
e Public support (line 26c minus line 26d total)		▶ 26f	99.98 %
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>			

<b>27 Organizations described on line 12:</b>	N/A
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year	(2004) _____ (2003) _____ (2002) _____ (2001) _____
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004) _____ (2003) _____ (2002) _____ (2001) _____
c Add Amounts from column (e) for lines.	15 _____ 16 _____
	17 <u>20</u> _____ 21 _____
d Add Line 27a total _____ and line 27b total _____	▶ 27c _____
e Public support (line 27c total minus line 27d total)	▶ 27d _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶ 27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27g _____ %
	▶ 27h _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked 'a' and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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**Statement 1**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
	1,147.	0.	1,147.	0.	1,147.
Total	\$ 1,147.	\$ 0.	\$ 1,147.	\$ 0.	\$ 1,147.

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Awards	80.	68.	8.	4.
Bank Charges	223.	190.	22.	11.
Contract Labor	3,374.	2,868.	337.	169.
Fees & Membership	399.	342.	40.	17.
In-Kind Donations	778.	778.		
Insurance	1,669.	1,418.	167.	83.
Meals	55.	47.	6.	3.
Miscellaneous	658.	562.	65.	31.
Professional fees	5,600.	4,760.	560.	280.
Total	\$ 12,836.	\$ 11,033.	\$ 1,205.	\$ 598.

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Public education about the prevention of sexual assault

**Statement 4**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Represented rape crisis service providers on several committees; developed and implemented professional training programs and published corresponding materials to increase the effectiveness of sexual assault service providers; continued to provide technical assistance and community support for rape crisis programs statewide; and strengthened existing rape crisis programs by utilizing teams of professional trainers to conduct rape crisis advocacy training throughout Utah.		130,747.
Includes Foreign Grants: No		

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**Statement 4 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
	\$ 0.	\$ 130,747.

**Statement 5**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 266.	\$ 217.	\$ 49.
Machinery and Equipment	15,608.	12,778.	2,830.
Improvements	1,900.	618.	1,282.
Total	\$ 17,774.	\$ 13,613.	\$ 4,161.

**Statement 6**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Security Deposits	\$ 2,245.
Total	\$ 2,245.

**Statement 7**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jennifer Horne 1275 E. 3rd. Avenue Salt Lake City, UT 84103	Chairman 0	\$ 0.	\$ 0.	\$ 0.
Shauna Bona 978 1st Ave. Salt Lake City, UT 84103	Post-Chair 0	0.	0.	0.
Kendall Burwell 948 Shirecliff Road Salt Lake City, UT 84108	Vice Chair 0	0.	0.	0.
Ben Drake 8064 Willowstream Drive Sandy, UT 84093	Secretary 0	0.	0.	0.



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Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Michael Horner 1662 East Downington Ave Salt Lake City, UT 84105	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
Sam Battaglia 361 Williams Avenue Salt Lake City, UT 84111	Trustee 0	0.	0.	0.
Alana Kindness 320 East 200 South Salt Lake City, UT 84111	Trustee 0	0.	0.	0.
Todd Marcus 1528 E. Garfield Ave. Salt Lake City, UT 84105	Trustee 0	0.	0.	0.
Lauren Duncan 284 West 400 North Salt Lake City, UT 84103	Executive Direc 40	41,248.	0.	0.
	Total	<u>\$ 41,248.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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2005 Federal Book Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Grand Total Depreciation				<u>17,774</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>17,774</u>	<u>11,582</u>				<u>2,031</u>

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2005 Federal Book Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Furniture and Fixtures																
1	Desk	12/05/01		266							266	164	S/L	5		53
Total Furniture and Fixtures				266		0	0	0	0	0	266	164				53
Improvements																
2	Painting	10/07/02		1,900							1,900	428	S/L	10		190
Total Improvements				1,900		0	0	0	0	0	1,900	428				190
Machinery and Equipment																
3	Computer	8/01/97		1,286							1,286	1,286	S/L	5		0
4	Computer Equipment	1/21/98		1,563							1,563	1,563	S/L	5		0
5	Laptop Computer	10/12/99		1,200							1,200	1,180	S/L	5		20
6	Minoita Copier	8/14/00		2,000							2,000	1,767	S/L	5		233
7	Computer	12/12/00		2,598							2,598	2,123	S/L	5		475
8	Computers (2)	1/29/02		2,854							2,854	1,665	S/L	5		571
9	Powerpoint Camera	5/17/02		2,608							2,608	1,406	S/L	5		464
10	Laptop Computer (Apple)	12/03/05		1,499							1,499		S/L	5		25
Total Machinery and Equipment				15,608		0	0	0	0	0	15,608	10,990				1,788
Total Depreciation				17,774		0	0	0	0	0	17,774	11,582				2,031

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**Projected Support Schedule for 2006**

This worksheet projects if the organization will meet the support test for the tax year 2006 based on the data entered in screen 55 for the column 2005

Support Items	2005 (a)	2004 (b)	2003 (c)	2002 (d)	Total (e)
15. Gifts, grants, and contributions	150,932.	254,210.		282,020.	687,162.
16. Membership fees received					0.
17. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable purpose					0.
18. Gross income from interest, dividends, samount received from payments on securities loans, rents, royalties, and unrelated business taxable income from businesses acquired by the organization after 6/30/1975	15.	5.		94.	114.
19. Net income from unrelated business activities not included in line 18					0.
20. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21. The value of services or facilities furished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22. Other income. Do not include gain (or loss) from sale of capital assets					0.
23. Total of lines 15 through 22	150,947.	254,215.	0.	282,114.	687,276.
24. Line 23 minus line 17	150,947.	254,215.	0.	282,114.	687,276.
25. Enter 1% of line 23	1,509.	2,542.	0.	2,821.	
<b>Organizations described on lines 10 or 11:</b>					
26a. 2% of amount in column (e), line 24					13,746.
26b. Total of all individual contributions that exceed the line 26a amount					0.
26c. Total support for section 509(a)(1) test (line 24, column (e))					687,276.
26d. Add the amounts from column (e) for lines 18, 19, 22, and 26b					114.
26e. Public support (line 26c minus line 26d)					687,162.
26f. Public support percentage (line 26e divided by line 26c)					99.98%

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	2005	2004	Diff
<b>REVENUE</b>			
Contributions, gifts, and grants	150,932	254,201	-103,269
Interest on savings/temp cash invest	15	0	15
Dividends & interest from securities	0	5	-5
Net income (loss) - special events	1,147	326	821
Total revenue	152,094	254,532	-102,438
<b>EXPENSES</b>			
Program services	130,747	217,667	-86,920
Management and general	15,290	21,908	-6,618
Fundraising	7,643	13,519	-5,876
Total expenses	153,680	253,094	-99,414
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year	-1,586	1,438	-3,024
Net assets/fund bal. at beg. of year	-39	0	-39
Other changes in net assets/fund bal	0	-1,477	1,477
Net assets/fund bal. at end of year	-1,625	-39	-1,586