Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545 0047 2006

20

SCANNED MAY 24 2007

		Under section 501(c), !	527, or 4947(a)(1) of ung benefit trust or				
Depa	artment of the Treasury nal (Syvenue Service	► The organization may have to use		•	•	ırements	Open to Public Inspection
		lar year, or tax year beginning		, 2006, and			
	Check if applicable	C		, 2000, and (Employer iden	tification Number
_		Please use Utah Coalition Ag	ainst Sexual	Assaul	t l	87-0559	9460
	Name change	or print 284 West 400 Nort	.h			Telephone nur	
	tottial return	See Salt Lake City, U	T 84103			(801) -7	746-0404
	Final return	instruc- tions			F	Accounting method.	Cash X Accrual
	Amended return				'	Other (spe	
	Application pending	Section 501(c)(3) organizations ar	nd 4947(a)(1) noney	empt	H and I are not applicable		
		charitable trusts must attach a co			H (a) Is this a group re		·
		(Form 990 or 990-EZ).			H (b) If 'Yes,' enter num	ber of affiliates	>
<u>G</u> _	Web site: ► WWW.l	ucasa.org			H (c) Are all affiliates		Yes No
J	Organization type	- [년]			(If 'No,' attach a		•
	(check only one)	► X 501(c) 3 < (inser			H (d) Is this a separate	_	
K		the organization is not a 509(a)(3) sup			organization cove		163 21 110
	organization choose	normally not more than \$25,000 A ret es to file a return, be sure to file a cor	um is not required. nplete return	out if the	I Group Exem	,	tion is not required
	Cross receipts Add	l lines 6b, 8b, 9b, and 10b to line 12	<u> 170 180</u>	-			, 990-EZ, or 990-PF)
b.		e, Expenses, and Changes in		und Rala			
1 2	, . <u></u>	, gifts, grants, and similar amounts re		und Data	ilces (See life i	ristruction	13.)
	· ·	to donor advised funds	Seived	1a	.1		
		support (not included on line 1a)		11		11	
	· '	support (not included on line 1a)		10			
	'	contributions (grants) (not included on	line 1a)	10			
	e Țotal (add lines	ash \$169,149. noncash	. ¢ 1	L,040.)	137,00	1e	170,189.
		rice revenue including government fee		 -	ine 93)	2	170,109.
	_	dues and assessments	s and contracts (inc	· · · · · · · · · · · · · · · · · · ·			
	'	livings and temporary cash investment	s			3 4	
		d interest from securities				5	
	6a Gross rents			6a	,		
	b Less rental ex	xpenses		61	 		
		ome or (loss). Subtract line 6b from h	ne 6a	<u> </u>		6c	
R	7 Other investme	nent income (describe) 7	
Ë	9a Cross amount	t from sales of assets other	(A) Securiti	es	(B) Other		
REVERU	than inventory			8 <i>a</i>		_	
Ü	b Less cost or o	other basis and sales expenses		81			
	c Gain or (loss) (atta			80			
	d Net gain or (lo	oss) Combine line 8c, columns (A) ar	nd (B)			8d	
	9 Special events	s and activities (attach schedule). If a	ny amount is from (gaming, che	ck here		
	a Gross revenue		of contribu		1		
	reported on lin			9 a			
		xpenses other than fundraising expen		91	<u> </u>	_	
		r (loss) from special events Subtract		1	1	9c	
		of inventory, less returns and allowance	es	10 a			
	b Less cost of g	~		106) <u> </u>		
	, .	oss) from sales of inventory (attach schedule) S	ubtract line IUb from lin			10c	
		e (from Part VII, line 103)	100 000 11	REC	EIVED	11	170 100
		Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9d	c, ruc, and II	\		12	170,189.
É	-	ices (from line 44, column (B))	, I	S APR	2 2 2007 SO	13	132,860.
P	_	and general (from line 44, column (C)	'	O APR	4 0 500	14	15,510.
Ň		from line 44, column (D)) affiliates (attach schedule)		L	=====================================	15	7,754.
EXPESSES		es. Add lines 16 and 44, column (A)	ĺ	OGL	EN, UT	17	156,124.

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at beginning of year (from line 73, column (A))

Excess or (deficit) for the year Subtract line 17 from line 12

18

19

20

21

14,065.

-1,625.

12,440

Utah Coalition Against Sexual Assault 87-0559460 Form 990 (2006) Page 2 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 Part II (B) Program services Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I (C) Management and general (A) Total (D) Fundraising 22a Grants paid from donor advised

22a 22b 23 24 25a	44,990.	38,241.	4,499.	
22b 23 24 25a		38,241.	4,499.	
22b 23 24 25a		38,241.	4,499.	
22b 23 24 25a		38,241.	4,499.	
23 24 25a		38,241.	4,499.	
23 24 25a		38,241.	4,499.	
23 24 25a		38,241.	4,499.	
24 25a		38,241.	4,499.	
25a		38,241.	4,499.	
		38,241.	4,499.	
		38,241.	4,499.	
25Ь	0.			2,250.
		0.	0.	0.
I				
25 c	0.	0.	0.	0.
26	46,566.	39,581.	4,657.	2,328.
27				
28	5,820.	4,947.	582.	291.
29	7,003.	5,953.	700.	350.
30				
	4,385.	3,727.	439.	219.
		5.010	600	
				350.
				155.
				32. 422.
	0,434.	1,109.	043.	422.
	5 621	4 778	562	281.
				372.
				35.
				104.
42			417.	208.
43a	571.	485.	57.	29.
43b		1,040.		
43 c				288.
				31.
	179.	152.	18.	9.
43g		-		
44	156,124.	132,860.	15,510.	7,754.
OP 98-2				
campaign	and fundraising solicita	tion reported in (B) Progran	n services?	Yes X No
	26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43a 43b 43c 43d 43e 43f 43g	26 46,566. 27 28 5,820. 29 7,003. 30 31 4,385. 32 33 6,991. 34 3,101. 35 648. 36 8,434. 37 38 5,621. 39 7,448. 40 699. 41 2,086. 42 4,168. 43a 571. 43b 1,040. 43c 5,758. 43d 616. 43e 179. 43f 43g 44 156,124. OP 98-2 campaign and fundraising solicita	26 46,566. 39,581. 27 28 5,820. 4,947. 29 7,003. 5,953. 30 31 4,385. 3,727. 32 33 6,991. 5,942. 34 3,101. 2,636. 35 648. 551. 36 8,434. 7,169. 37 38 5,621. 4,778. 39 7,448. 6,331. 40 699. 594. 41 2,086. 1,773. 42 4,168. 3,543. 43a 571. 485. 43b 1,040. 1,040. 43c 5,758. 4,894. 43d 616. 523. 43e 179. 152. 43f 43g 44 156,124. 132,860. OP 98-2 campaign and fundraising solicitation reported in (B) Program	26 46,566. 39,581. 4,657. 27 28 5,820. 4,947. 582. 29 7,003. 5,953. 700. 30 31 4,385. 3,727. 439. 32 33 6,991. 5,942. 699. 34 3,101. 2,636. 310. 35 648. 551. 65. 36 8,434. 7,169. 843. 37 38 5,621. 4,778. 562. 39 7,448. 6,331. 745. 40 699. 594. 70. 41 2,086. 1,773. 209. 42 4,168. 3,543. 417. 43a 571. 485. 57. 43b 1,040. 1,040. 43c 5,758. 4,894. 576. 43e 179. 152. 18. 43f 43g 156,124. 132,860. 15,510.

g	}	43 g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	156,124.	132,860.	15,510.	7,754
Join	t Costs. Check 🕨 if you are following:	SOP 9	98-2			
Are a	any joint costs from a combined educationa	camp	oaign and fundraising sol	licitation reported in (B) P	rogram services?	► Yes X No
If 'Y€	es,' enter (i) the aggregate amount of these	joint d	costs \$, (ii) the ar	mount allocated to Progra	am services
\$, (iii) the amount alle	cated	I to Management and ger	neral \$, and (iv) the	amount allocated
to Fu	undraising \$					
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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 info organization. How the public perceives an organization in such cases may be determined by the information people please make sure the return is complete and accurate and fully describes. In Part III, the organization's progr	rmation about presented on it rams and acco	a particular ts return Ther implishments.	efore,
What is the organization's primary exempt purpose? See Statement 1 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) an izations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to o	number of and (4) organ- others)	Program Service (Required for 501 (4) organizatio 4947(a)(1) trus optional for of	Expense (c)(3) and ns and sts, but hers)
a See Statement 2			
(Grants and allocations \$) If this amount includes foreign grants, check	here ►	132	,860
(Grants and allocations \$) If this amount includes foreign grants, check	here •		
c			
(Grants and allocations \$) if this amount includes foreign grants, check	here 🟲		
d			

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

(Grants and allocations

e Other program services (Grants and allocations

▶

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description (A) (B) End of year Beginning of year column should be for end-of-year amounts only 19,456. 14,061 45 Cash - non-interest-bearing 45 46 46 Savings and temporary cash investments **47** a 11,948 47 a Accounts receivable b Less allowance for doubtful accounts 47 b 12,648 47 c 11,948. 48a Pledges receivable 48 a b Less allowance for doubtful accounts 48 b 48 c 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) 50 a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 h 51 a Other notes and loans receivable (attach schedule) 51 a 51 b 51 c b Less allowance for doubtful accounts 52 Inventories for sale or use 52 53 Prepaid expenses and deferred charges 53 54 a Cost FM\ 54a Investments - publicly-traded securities **b** Investments - other securities (attach sch) Cost 54b 55a Investments - land, buildings, & equipment basis 55 a **b** Less accumulated depreciation 55 b 55 c (attach schedule) 56 Investments - other (attach schedule) 56 57a Land, buildings, and equipment basis 57 a 20,449. **b** Less accumulated depreciation Statement 3 17,781 57 b 4,161 57 c 2,668. 58 Other assets, including program-related investments 2,245 See Statement 4 58 2,245. 33,115 36,317. 59 Total assets (must equal line 74) Add lines 45 through 58 59 60 Accounts payable and accrued expenses 34.740. 60 23,877 61 61 Grants payable 62 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64a Tax-exempt bond liabilities (attach schedule) 64 a **b** Mortgages and other notes payable (attach schedule) 64b Other liabilities (describe > 65 34,740 66 Total liabilities. Add lines 60 through 65 66 23,877 X and complete lines 67 Organizations that follow SFAS 117, check here through 69 and lines 73 and 74 -11,728. 67 Unrestricted 67 2,724 ASSETS 10,103. 9,716. 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines R 70 through 74 FUZZD Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 B Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through <u>-1</u>,625. 72 (Column (A) must equal line 19 and column (B) must equal line 21) 73 12,440. 33,115 Total liabilities and net assets/fund balances. Add lines 66 and 73 74 36,317.

		gainst Sexual Assau					9460 Page 5
P	art IV-A Reconciliation of Revenu	e per Audited Financia	I Statemer	nts with	Revenue per R	etur	n (See the
	instructions.)						
	1						
а	Total revenue, gains, and other support p	oer audited financial statemer	nts.			a	183,062.
b	Amounts included on line a but not on Pa	art I, line 12					
	1 Net unrealized gains on investments			ь1			
	2Donated services and use of facilities			Ь2	12,873.		
	3Recoveries of prior year grants			ь3			
	4Other (specify)						
				b4			
	Add lines b1 through b4		-	<u> </u>		ь	12,873.
_	Subtract line b from line a				:	С	170,189.
c d	Amounts included on Part I, line 12, but i	not on line as			l		170,109.
u				d1			
	1 Investment expenses not included on Pa	rt i, line ou		a			
	2Other (specify)						
				d2			
	Add lines d1 and d2					d	
<u>e</u>	Total revenue (Part I, line 12) Add lines				<u> </u>	е	170,189.
P	art IV-B Reconciliation of Expens	es per Audited Financi	ial Stateme	nts wit	h Expenses per	Ret	urn
а	Total expenses and losses per audited fil	nancial statements				a	168,997.
b	Amounts included on line a but not on Pa	art I, line 17					
	1Donated services and use of facilities			b1	12,873.	1	
	2Prior year adjustments reported on Part	L line 20		b2			
	3Losses reported on Part I, line 20	.,		b3			
				D3		1	
	4Other (specify).						
				b4		.	10 070
	Add lines b1 through b4					b	12,873.
С	Subtract line b from line a				,	c	156,124.
d	Amounts included on Part I, line 17, but i	not on line a:		, ,			
	1 Investment expenses not included on Pa	rt I, line 6b		d1			
	2Other (specify)						
				d2			
	Add lines d1 and d2					d	
е	Total expenses (Part 1, line 17) Add line:	s c and d			>	e	156,124.
P	art V-A Current Officers, Director		mployees	/List one	ah narsan wha was a	- off	
نيا	or key employee at any time dur	ing the year even if they were	e not compens	cist eac sated) <i>(</i> S	See the instructions.)	. 11 0111	icer, director, trustee,
		(B) Title and average hours	(C) Compe		(D) Contributions		(E) Expense
	(A) Name and address	per week devoted	(if not p	aid,	employee benef	ıt	account and other
	(A) Name and address	to position	enter	0-)	plans and deferre	ed	allowances
					compensation pla	ns	
		i					
						j	
<u>Se</u>	e Statement 5		4	4,990.		0.	0.
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	·	- I					
_							
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Form 990 (2006) Utah Coalition Agains			87-05594	160	F	age 6	
Part V-A Current Officers, Directors, Tru	istees, and Key E	mployees (continue	ed)		Yes	No	
75a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organizat	ion business as board meetings	<u>10</u>				
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A. Part II-A or II-B, related to each other throu identifies the individuals and explains the relate	sated professional and gh family or business i	d other independent conf	ractors listed in Schedule	75b		х	
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen	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 the organization? See the instructions for th	e definition of 'related	organization'	or taxable, that are relate	75c		Х	
If 'Yes,' attach a statement that includes the in		the instructions					
d Does the organization have a written conflict or				75d		Ĺ	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions)	ar, trustee, or key emp	lovee received compens	ation or other benefits (di	escribed b	Aloun		
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account allow		her	
None							
			İ				
							
				_	-		
Don't 18 Other Information (Co. 1)				-			
Part VI Other Information (See the Inst	•	- 14			Yes	No	
76 Did the organization make a change in its activ If 'Yes,' attach a detailed statement of each ch	ities or methods of cor	nducting activities?		76		х	
77 Were any changes made in the organizing or g	-	ut not reported to the IR	S?	77		$\frac{\lambda}{X}$	
If 'Yes,' attach a conformed copy of the change							
78a Did the organization have unrelated business g	ross income of \$1,000	or more during the year	covered by this return?	78a		Х	
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	N/	Ά	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79		х	
80a Is the organization related (other than by associate membership, governing bodies, trustees, office	rs, etc, to any other ex	e or nationwide organizat xempt or nonexempt org	ion) through common anization?	80 a		Х	
b If 'Yes,' enter the name of the organization	N/A	neck whether it is Te				ŀ	
81 a Enter direct and indirect political expenditures			xempt or nonexem _[pt. 0.			
h Did the organization file Form 1120-POL for this	=	,	Ulaj	~ _{01 h}	1	vI	

Form **990** (2006)

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Forr	n 990 (2006) Utah Coalition Against Sexual Assault	87-0559460	<u>) </u>	F	Page 7
Pa	ert VI Other Information (continued)			Yes	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82a		х
	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			
83	a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	_X	<u> </u>
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contribut	ions?	83b	X	<u> </u>
84	a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		<u>X</u>
	b If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?	tributions or gifts were	84b		A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a		/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N,	/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year	organization received a			
	CDues, assessments, and similar amounts from members	85c N/A	-		
	d Section 162(e) lobbying and political expenditures	85d N/A	3		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	***************************************		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonal dues allocable to nondeductible lobbying and political expenditures for the following tax year?	ble estimate of	85 h	N,	A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
	line 12	86a N/A	1		
	b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A	.]		
	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	1		
88	a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301 770 If 'Yes,' complete Part IX	rporation or partnership, 11-2 and 301 7701-3?	88a		Х
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes.' complete Part XI	within the meaning of	88 b		х
89	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year unc	ler			
	section 4911 ► 0., section 4912 ► 0., section 49	1			
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'vexplaining each transaction	benefit transaction	89 b		Х
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	· - 0.			
	d Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			1
	e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89 e		X
	f All organizations Did the organization acquire a direct or indirect interest in any applicable ins	urance contract?	89 f		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Douglastion, or a fund maintained by a sponsoring organization, have excess business holding	old the supporting gs at any time during			.,
~~	the year?	į	89 g		X
90	a List the states with which a copy of this return is filed None				
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		90 b		0
91	The books are in care of Laurel Duncan Located at 284 West 400 North, Salt Lake City UT	mber ► <u>(801) -746-(</u> ZIP + 4 ► <u>84103</u>	1404 3		
			I	Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other final lift (Yes, contex the page of the foreign country).	other authority over a ancial account)?	91 b		X
	If 'Yes,' enter the name of the foreign country	oreign Bank and			
BA	Financial Accounts		Form	990	(2006)
_,,,,	•		. 5111		(~500)

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Part VI Other Information (contin	•				Y	es No
c At any time during the calendar year, o		tion maintain an offic	ce outside of the Unite	ed States?	91 c	X
lf 'Yes,' enter the name of the foreign o						
92 Section 4947(a)(1) nonexempt charitab	le trusts filing F	orm 990 in lieu of F o	orm 1 041 – Check he	re	N/A	▶ 🔲
and enter the amount of tax-exempt in	erest received	or accrued during th	e tax year	▶ 92		N/A
Part VII Analysis of Income-Produci	ng Activities	(See the instruction	ons)			
	Unrelate	d business income	Excluded by sec	tion 512, 513, or 514		
Note: Enter gross amounts unless	(A)	(B)	(C)	(D)	(E) Related or e	vemnt
otherwise indicated	Business code	Amount	Exclusion code	Amount	function in	come
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			14		<u> </u>	
96 Dividends & interest from securities				· · · · · · · · · · · · · · · · · · ·		1111 · · · · · · · · · · · · · · · · ·
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 0 () [
100 Gain or (loss) from sales of assets other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
						·
103 Other revenue a	<u> </u>				,	
b						
c						
d						
е						
104 Subtotal (add columns (B), (D), and (E))						
105 Total (add line 104, columns (B), (D)				-		0.
Note: Line 105 plus line 1d, Part I, should ed						
Part VIII Relationship of Activities	to the Acco	mplishment of	Exempt Purpose	s (See the instru	ctions.)	
Line No. Explain how each activity for wh	ich income is re	ported in column (E) of Part VII contribut	ed importantly to the a	accomplishme	nt
▼ of the organization's exempt pur	poses (other th	an by providing fund	s for such purposes).	, ,		
N/A			· · · · · · · · · · · · · · · · · ·			
	, , , , , , , , , , , , , , , , , , ,					
Part IX Information Regarding Ta	axable Subs	idiaries and Dis	regarded Entitie	s (See the instruc	tions.)	
(A)	(B)				1.01.0.7	
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentag ownership in					
	Ownership ii					
N/A		%				
		%				
		8				
		%				
Part X Information Regarding T	ransfers As	sociated				
a Did the organization, during the year, receive any	funds, directly or in	directly, to pa				
b Did the organization, during the year, p	ay premiums, o	directly or i				
Note: If 'Yes' to (b), file Form 8870 and F	orm 4720 (see	instruction				
BAA						

Par	990 (2006) Utah Coalition Against Se XI Information Regarding Transfers To	and From Controlled Enti	ties. Complete only	559460 if the	····	Page 9
	organization is a controlling organiz	ation as defined in section 5	512(b)(13).			.
	,				Yes	No
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each control	to a controlled entity as defined in solled entity	section 512(b)(13) of the C	ode? If		Х
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	D) of tran	sfer
a						
Ь						
С						
	Totals					
107	Did the reporting organization receive any transfers 'Yes,' complete the schedule below for each control	s from a controlled entity as defined	d in section 512(b)(13) of	the Code? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount (D) of tran	sfer
а						
b						
с						
•	Totals		,,			
108	Did the organization have a binding written contrac annuities described in question 107 above?	t in effect on August 17, 2006, cove	ering the interest, rents, ro	oyalties, and	Yes	No X
	Under penalties o penur. I declare that I have examined the true, correct, and complete Dadaretion of preparer (other the	s return, including accompanying schedules a an officer) is based on all information of which	nd statements, and to the best of preparer has any knowledge	my knowledge and	belief, it	

TEEA0110L 01/19/07

Paid Pre-

Only

BAA

parer's Use Preparer's signature

Firm's name (or yours if self employed), address, and ZIP + 4

RADEL LLOYD, CPA

OREM, UT 84058

▶ 55 EAST UNIVERSITY PARKWAY

Date

3130107

Preparer's SSN or PTIN (See General Instruction W) N/A

209-0737

Form **990** (2006)

Check if self employed ►

EIN - N/A

Phone no ► (801)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Utah Coalition Against Sexual Ass	ault		87-0559460	
Part I Compensation of the Five Hig			s, Directors, ar	nd Trustees
(See instructions. List each on	ie. If there are none, ente	r '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				
				
	12			
	,			
Total number of other employees paid over \$50,000	(
Part II - A Compensation of the Five Hig		·	rofessional Se	rvices
(See instructions. List each on	e (whether individuals or	firms). If there a	re none, enter	'None.')
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
			<u>.</u>	
Total number of others receiving over \$50,000 for professional services	()		<u> </u>
Part II - B Compensation of the Five Hig			ther Services	
(List each contractor who performs. If there are none, enter	ormed services other than	professional se	rvices, whether	r individuals or
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type (of service	(c) Compensation
None				
				
		-		
			·	
Total number of other contractors receiving pover \$50,000 for other services	C)	······································	!

Schedule A (Form 990 or 990-EZ) 2006 Utan Coalition Against Sexual Assault 87-055940	<u> </u>	P	age 2
Part III Statements About Activities (See Instructions.)		Yes	No
1 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 \$\sim \mathbb{S} \\ N/A\\ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
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			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		<u>X</u>
c Furnishing of goods, services, or facilities?	2c		<u>X</u>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		Х
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	_	Х
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	Зс		Х
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g	4a		Х
b Did the organization make any taxable distributions under section 4966?	4b		<u> </u>
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		_X_
d Enter the total number of donor advised funds owned at the end of the tax year ▶			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
■ Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ■			

Page 5

	(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?	29		
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?	30		
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)	31		
	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	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			
	a Students' rights or privileges?	33a		_
	b Admissions policies?	33Ь		
,	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33e		
•	f Use of facilities?	33f		
•	g Athletic programs?	33 g		
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
1	b 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	34b		
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.	35		

	edule A (Form 990 or 990			inst Sexual			87-0) <u>559</u>	460 Page (
Par	t VI-A Lobbying E	xpenditures by Elec ed ONLY by an eligible or	ti ng Public Ch ganization that file	l arities (See instr d Form 5768)	ructions))			N/A
Che	ck•► a lif the organi	zation belongs to an affilia	ited group. Che	eck ► b If you	u checke	d 'a' and 'l	imited	contr	ol' provisions apply
		imits on Lobbying E	•			Affiliate	a)		(b) To be completed for all electing organizations
36	Total lobbying expenditi	ures to influence public op	inion (grassroots l	obbying)	36				
37	Total lobbying expenditi	ures to influence a legislat	ive body (direct lo	bbying)	37				
38	Total lobbying expenditi	ures (add lines 36 and 37)			38				
39	Other exempt purpose of	expenditures.			39				
40		xpenditures (add lines 38	•		40	····			
41		nount Enter the amount f	-						
	If the amount on line 40		bbying nontaxable					į	
	Not over \$500,000		f the amount on lir						
	Over \$500,000 but not over \$1,		O plus 15% of the exces						
	Over \$1,000,000 but not over \$, ,	O plus 10% of the exces		41				
	Over \$1,500,000 but not over \$		D plus 5% of the excess	s over \$1,500,000				İ	
42	Over \$17,000,000	\$1,000	•		40			}	
42 43		amount (enter 25% of line le 36 Enter -0- if line 42 is	•	-	42				
44		ie 38 Enter -0- if line 41 is	- · · · · · · · · · · · · · · · · · · ·	=	43				
		amount on either line 43 o			-4-4				
	(Some orga	nizations that made a sec	lion 501(h) electior	d Under Section do not have to co	mplete a		/e colu	mns t	pelow
			Lobbying Exp	enditures During 4	-Year A	veraging P	eriod		
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004		-	d) 003		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))					,	•		
47	Total lobbying expenditures		···········						
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								
	(For reporting o	ctivity by Nonelectir only by organizations that	did not complete F	'art VI-A) (See inst					N/A
atten	npt to influence public op	nization attempt to influent inion on a legislative matt	ce national, state of er or referendum,	or local legislation, through the use of	including	g any	Yes	No	Amount
	Volunteers								
	~	nt (Include compensation	in expenses repor	ted on lines c thro	ugh h.)				
	Media advertisements								
	Mailings to members, le								
		ed or broadcast statement							
		ations for lobbying purpose							·
_	_	lators, their staffs, govern		-					·····
		seminars, conventions, s		, or any other mea	ns		ļJ.		
Ĭ		ires (add lines c through l	•				L	1	1
	ir res to any of the abo	ove, also attach a stateme	ent giving a detaile	a aescription of the	lobbyin	g activities			

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

		· · · · · ·						
51 Did the of the	reporting organization of Code (other than section	directly or in 501(c)(3) o	idirectly engage in any of organizations) or in section	the followin 527, relatii	g with any other organization described ng to political organizations?	d in section	n 501(d	c)
a Transfe	ers from the reporting or	ganization t	o a noncharitable exempt	organizatio	n of		Yes	No
(i) Ca	sh					51 a (i)		X
(ii) Otl	ner assets					a (ii)		X
b Other t	ransactions							
(i) Sa	les or exchanges of asso	ets with a n	oncharitable exempt orgai	nization		b (i)		Х
(ii) Pu	rchases of assets from a	a noncharita	ible exempt organization			b (ii)		Х
(iii)Re	ntal of facilities, equipmi	ent, or othe	r assets			b (iii)		Х
(iv)Re	imbursement arrangeme	ents				b (iv)		X
(v) Lo:	ans or loan guarantees					b (v)		X
(vi)Pe	rformance of services or	membersh	ip or fundraising solicitation	ons		b (vi)		Х
c Sharin	g of facilities, equipment	, mailing lis	ts, other assets, or paid e	mployees		С		Х
d If the a the god any tra	inswer to any of the abo ods, other assets, or ser insaction or sharing arra	ve is 'Yes,' vices given ngement, sl	complete the following scl by the reporting organization in column (d) the value	hedule Colu tion If the due of the go	umn (b) should always show the fair morganization received less than fair mar ods, other assets, or services received	arket value ket value	of n	-
(a)	(b)		(c)		(d)	,		
Line no.	Amount involved	Name of	noncharitable exempt org	janization	Description of transfers, transactions, and	sharing arrai	ngement	:S
N/A								
			··-					
			 					·
								
				·				
		-						
-								
					<u> </u>			
describ	ed in section 501(c) of t	he Code (ot	liated with, or related to, o her than section 501(c)(3)	one or more) or in secti	tax-exempt organizations on 527?	► ☐ Ye	s X	No
b If 'Yes,	' complete the following	schedule.	· · · · · · · · · · · · · · · · · · ·			-		
	(a) Name of organization		(b) Type of organizat	tion	(c)	ach.n		
77 /7			rype or organizar		Description of relation	ISHIP	_	
N/A	· 							
								
	~- ·· w							
		_						
							_	•
	i" - 1.					•		
		-						
	···					 -		
BAA		 '	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	Schedule A (Form	n 990 or 99	90-EZ)	2006

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Federal Statements

Page 1

Client 100

Utah Coalition Against Sexual Assault

87-0559460

3/30/07

07 03AM

Statement 1 Form 990 , Part III Organization's Primary Exempt Purpose

Public education about the prevention of sexual assault

Statement 2
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description

Grants and Service
Allocations 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 assitance and community support for rape crisis programs statewid; and strengthed existing rape crisis programs by utilizing teams of professional trainers to conduct rape crisis advocacy training throughout Utah.

Includes Foreign Grants: No

132,860.

0. \$ 132,860.

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		Basis	Accum. Deprec.		Book Value
Furniture and Fixtures Machinery and Equipment Improvements Total	\$ al <u>\$</u>	266. 18,283. 1,900. 20,449.	\$ 266. 15,615. 1,900. 17,781.	•	0. 2,668. 0. 2,668.

Statement 4 Form 990, Part IV, Line 58 Other Assets

Security Deposits

Total \$ 2,245.

\$ 2,245.

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"	M	"	6
_	u	u	u

Federal Statements

Page 2

Client 100

Utah Coalition Against Sexual Assault

87-0559460

3/30/07

07.03AM

Statement 5
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	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.
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	44,990.	0.	0.
Rebecca Harmsen 1486 Devonshire Drive Salt Lake City, UT 84108	Board Member 0	0.	0.	0.
	Total §	44,990.	\$ 0.	<u>\$ 0.</u>