

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRATEFUL GARMENT PROJECT Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 888 LA BARBERA DRIVE City, town, or post office, state, and ZIP code SAN JOSE, CA 95126 F Name and address of principal officer: LISA BLANCHARD 888 LA BARBERA DRIVE, SAN JOSE, CA 95126	D Employer identification number 80-0725390 E Telephone number 408-674-5744 G Gross receipts \$ 62,830. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.gratefulgarment.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2011 M State of legal domicile: CA

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE THAT EVERY VICTIM OF A SEXUAL CRIME WHO CROSSES THE THRESHOLD OF A S.A.R.T. FACILITY, OR			
	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)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	19,587.	34,570.
	9	Program service revenue (Part VIII, line 2g)	6,883.	28,260.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,507.	62,830.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,363.	43,899.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,363.	43,899.	
19	Revenue less expenses. Subtract line 18 from line 12	18,144.	18,931.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	11,501.	12,180.
	21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	11,501.	12,180.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date		
	▶ LISA BLANCHARD, EXECUTIVE DIRECTOR		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN
	CHARLES E. MOLLETT	CHARLES E. MOLLETT		P00036697
	Firm's name ▶ CHARLES E. MOLLETT, III ACCOUNTANCY CORP	Firm's EIN ▶ 77-0128823		
	Firm's address ▶ 1101 S WINCHESTER BLVD STE O-276 SAN JOSE, CA 95128-3904	Phone no. 408 553-0204		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENSURE THAT EVERY VICTIM OF A SEXUAL CRIME WHO CROSSES THE THRESHOLD OF A S.A.R.T. FACILITY, OR WHO SEEKS MEDICAL ATTENTION, AND/OR LAW ENFORCEMENT INVOLVEMENT, IS PROVIDED WITH WHATEVER NEEDED, SUCH AS, NEW CLOTHING, TOILETRIES, SNACKS, AND OTHER MISCELLANEOUS ITEMS

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 37,320. including grants of \$) (Revenue \$ 28,260.) PROVIDE CLOTHING TO VARIOUS MEDICAL FACILITIES FOR ADEQUATELY DRESSING VICTIMS OF SEXUAL ASSAULT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 37,320.