

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 1821 S. BASCOM AVE 206 City or town, state or province, country, and ZIP or foreign postal code CAMPBELL, CA 95008 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 \$ 119,704. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 78,241. Prior Year 73,004. Current Year 9 Program service revenue (Part VIII, line 2g) 42,989. 46,699. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1. 1. 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) 121,231. 119,704.	
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) 20,974. 24,075. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,822. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 86,256. 88,813. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 107,230. 112,888. 19 Revenue less expenses. Subtract line 18 from line 12 14,001. 6,816.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 26,181. Beginning of Current Year 32,997. End of Year 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 26,181. 32,997.	

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

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