

**SOCIAL ACCOUNTABILITY ACCREDITATION
SERVICES INC.**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALICE TEPPER MARLIN	(i)	37,401.	0.	4,620.	1,574.	48,683.	0.
	(ii)	140,697.	0.	17,380.	5,920.	183,139.	0.
ROCHELLE ZAID	(i)	85,889.	0.	2,600.	19,206.	117,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.
RICHARD COOK	(i)	22,606.	0.	904.	320.	23,830.	0.
	(ii)	85,043.	0.	3,402.	1,203.	89,648.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization	SOCIAL ACCOUNTABILITY ACCREDITATION SERVICES INC.	Employer identification number	26-1541492
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIAL ACCOUNTABILITY ACCREDITATION SERVICES (SAAS) IS AN ACCREDITATION AGENCY FOUNDED TO ACCREDIT AND MONITOR ORGANIZATIONS AS CERTIFIERS OF COMPLIANCE WITH SOCIAL STANDARDS, INCLUDING THE SOCIAL ACCOUNTABILITY 8000 STANDARD FOR ETHICAL WORKING CONDITIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCREDITATION IS THE PROCESS BY WHICH FORMAL RECOGNITION OF COMPETENCE IS GIVEN TO QUALIFIED ORGANIZATIONS, KNOWN AS CERTIFICATION BODIES (CB'S), WHO ARE THEN GRANTED THE ABILITY TO PERFORM CERTIFICATIONS. CERTIFICATION OF COMPLIANCE TO SA8000 AND OTHER VERIFICATION CODES WITHIN THE SAAS SCOPE OF ACCREDITATION IS AVAILABLE ONLY THROUGH QUALIFIED CB'S GRANTED ACCREDITATION BY SAAS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND APPROVED AT A MEETING OF THE ORGANIZATION'S FINANCE COMMITTEE BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES AS WELL AS ITS BOARD OF DIRECTORS AND COVERS ALL POTENTIAL CONFLICTS AT EVERY LEVEL. A STATEMENT OF DISCLOSURE MUST BE SIGNED ANNUALLY BY ALL ABOVE PERSONS. BIDS (AT LEAST 3) ARE REQUIRED ON ALL TRANSACTIONS OR PURCHASES THAT EXCEED \$5,000. SHOULD A CONFLICT ARISE, THAT INDIVIDUAL WILL NOT HAVE ANY INFLUENCE ON THE ORGANIZATION'S AWARDING OF BID.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Name of the organization	SOCIAL ACCOUNTABILITY ACCREDITATION SERVICES INC.	Employer identification number	26-1541492
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FORM 990, PART VI, SECTION B, LINE 15: ORGANIZATION UTILIZES SALARY SURVEYS PERFORMED BY NPCC. ALL SALARY INCREASES REQUIRE FORMAL APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS AS PART OF THE BUDGETARY PROCESS. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER 2008

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C
AUDIT COMMITTEE
THERE HAS BEEN NO CHANGE TO THIS PROCESS SINCE PRIOR YEAR.

FORM 990, PART VII, SECTION A, LINE IA
OFFICERS AND KEY EMPLOYEES COMPENSATED FROM RELATED ORGANIZATION
THE FOLLOWING EMPLOYEES ARE COMPENSATED BY SOCIAL ACCOUNTABILITY INTERNATIONAL, INC.:

ALICE TEPPER MARLIN 31.5 HOURS PER WEEK
PRESIDENT

RICHARD COOK 31.5 HOURS PER WEEK
CFO

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization SOCIAL ACCOUNTABILITY ACCREDITATION SERVICES INC.	Employer identification number 26-1541492
	Number, street, and room or suite no. If a P.O. box, see instructions. 15 WEST 44TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

RICHARD COOK

- The books are in the care of ▶ **15 WEST 44TH STREET - NEW YORK, NY 10036**
Telephone No. ▶ **212-684-1414** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box .
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Social Accountability Accreditation Services Inc.	Employer identification number 26 : 1541492
	Number, street, and room or suite no. If a P.O. box, see instructions. 15 West 44th Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. New York, NY 10036	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Richard Cook**
 Telephone No. **(212) 684-1414** FAX No. **()**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **November 15**, 20**10**.
- 5** For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20_____.
- 6** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7** State in detail why you need the extension **Certain information necessary to file a complete and accurate return is not yet available. It is anticipated that all data will be available prior to the extended due date.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/02/2010**