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In reply refer to: 0425876265  
Mar. 01, 2010 LTR 2694C 0 R  
74-2141981 200812 67

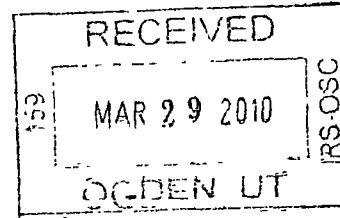
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AID TO VICTIMS OF DOMESTIC ABUSE  
1001 TEXAS AVE STE 600  
HOUSTON TX 77002



009260



Taxpayer Identification Number: 74-2141981  
Form: 990  
Tax Period: Dec. 31, 2008  
Document Locator Number: 29493-023-02223-0

Dear Taxpayer:

We received your Form 990, Return of Organization Exempt From Income Tax, for the tax period shown above and need additional information. When responding please send only the requested information ATTACHED BEHIND A COPY OF THIS LETTER. Do not send a complete copy of your return unless the requested information changes the original return.

Schedule B is either missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for all organizations that file a Form 990, 990-EZ, or 990-PF. You need to complete and attach Schedule B or certify you do not meet the requirements of Schedule B. Guidelines for filing Schedule B can be found in Form 990, Form 990-EZ, or Form 990-PF instructions. These instructions can be obtained through our website at [www.irs.gov](http://www.irs.gov).

Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

If you need additional forms or schedules, you may obtain them by calling 1-800-TAX-FORM (1-800-829-3676) or download electronically fillable forms at [www.irs.gov](http://www.irs.gov).

Please send the information to us within 30 days from the date of this letter. To avoid delays in processing:

1. Attach a copy of this letter to the front of your reply.
2. Do not send a copy of your original return because it does not have the information we need.
3. Write your Employer Identification Number on the top of each form you send to us.
4. Sign the declaration at the end of this letter and send it to us with the information we have requested.

In addition to providing the missing or incomplete information, please include a reasonable cause explanation as to why the required information was not originally submitted with your return. Failure to provide both the missing or incomplete information and a reasonable cause explanation may result in penalties being charged to your

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account.

We do not consider your return filed or complete until we have all the information we need to process it. The date we receive the information requested by this letter is the date we consider your return filed. The law provides a penalty of \$20 a day for filing an incomplete return. The maximum penalty may be as much as \$10,000, or five percent of the gross receipts for the year, whichever is less. If your organization has gross receipts exceeding \$1,000,000, the law provides a penalty of \$100 a day for filing an incomplete return. The maximum penalty may be as much as \$50,000.

If you wish to send the information by fax, our fax number is 801-620-6607. We will not be able to acknowledge receipt of your fax due to the high volume of faxes we receive. Do not send an additional copy by mail. Doing so could delay the processing of your return.

Your fax cover sheet should contain the following information:

Date: 3/24/10  
Attention: Reject Unit  
Mail Stop 6121  
Control number: 29493-023-02223-0  
Your Name: Jacqueline Pontello  
Your Employer Identification Number: 74-2141981  
Tax Period: 2008  
Number of Faxed Pages, including cover sheet: \_\_\_\_\_

If you have any questions, please call us toll free at 1-877-829-5500. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, give us your telephone number with the best hours we can contact you. Also, you should keep a copy of this letter for your records.

Telephone Number (713) 224-9911 Hours 8:00-5:00

We apologize for any inconvenience we have caused, and thank you for your cooperation.

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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*Jacqueline Pontello*

\_\_\_\_\_  
Signature of officer or trustee

*3-23-10*  
\_\_\_\_\_  
Date

*Executive Director*

\_\_\_\_\_  
Title