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DLN: 93493130008350

## Form **990**

#### **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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

									Inspection
			lendar yea	r, or tax year beginning 07-	01-2008 and ending 06-	30-2009		D Employer ide	ntification number
_	еск if ар dress ch	oplicable ange	Please use IRS	Connecticut Coalition Against E Violence Inc	omestic			06-098567!	5
_		-	label or print or	Doing Business As				E Telephone nu	
_	me char	_	type. See					(860) 282-7	899
_	al retur		Specific Instruc-	Number and street (or P O bo 90 Pitkin Street	x if mail is not delivered to stre	et address)	Room/suite	G Gross receipt	
Ter	minatio	n	tions.	JO FIRMI Street					
- Am	ended r	eturn		City or town, state or country, Hartford, CT 06108	and ZIP + 4				
App	olication	pending		Hartiola, CT 00100					
		ĺ	<b>F</b> Nar	me and address of Principal	O fficer		H(a) Is this	a group return	 for
				indill ESQ			affiliat		┌ Yes ┌ No
				kın Street artford, CT=06108			11/1-1 411	-601'-1 ! ld-	Ev. Eu
Ta	x-exem	pt status	<b>▽</b> 501(c)	) ( 3 ) <b>4</b> (insert no )	n)(1) or		• •	affiliates include	d? Yes No See instructions)
w	ah cita	- I- MANA	w CTCADV	ora				o, attach a hist o Exemption Nur	· · · · · · · · · · · · · · · · · · ·
•	CD SICC	F WWW	VETCABV	org			(5)	·	
<b>(</b> Тур	e of org	anızatıon	Corporat	tion trust association oth	er 🕨	<u> </u>	L Year of For	mation 1978 M s	State of legal domicile CT
							1	<u>'</u>	
Дa	rt I	Sumi	marv						
···				e organization's mission or	most significant activities				
נב				Coalition Against Domestic			archin orga	nization whose r	urnosa is to work
<u>5</u>	1			mestic violence by advocat				-	· · · · ·
<u> </u>		perpetu	ate abuse	against victims of domestic	violence				
aovemance	2	Checkt	his box	ıf the organization discontir	ued its operations or disp	osed of r	more than 2!		
	3	Number	of voting r	members of the governing bo	ody (Part VI, line 1a) .			з _	16
ნ ი	4	Number	ofindeper	ndent voting members of the	governing body (Part VI	line 1b)		. 4 _	16
ŭ	5	Total nu	umber of er	mployees (Part V , line 2a)				5 _	19
Acuviues &	6	Total nu	umber of vo	olunteers (estimate if neces	sary)			6 _	0
ŧ	7a	Total gr	oss unrela	ted business revenue from l	Part VIII, line 12, columr	n(C) .		7a _	0
	ь	Net unr	elated busi	iness taxable income from F	orm 990-T, line 34 .			7b	0
							Prio	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)				4,490,578	4,366,563
를	9	Progra	m service	revenue (Part VIII, line 2g)				13,200	13,200
Ravenu	10	Invest	ment incor	me (Part VIII, column (A), l	nes 3, 4, and 7d)			30,681	-417
Ť	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11	.e)			0
	12	Totalr	evenue—a	dd lines 8 through 11 (must	equal Part VIII, column	(A), line			
		12)						4,534,459	4,379,346
	13			ar amounts paid (Part IX, co					0
	14		•	or for members (Part IX, col	,				0
82	15	Salarıe 10)	es, other co	ompensation, employee ben	efits (Part IX, column (A)	, lines 5–		670,030	617,430
Expenses	16a	•	sional fund	Iraising fees (Part IX, colum	n (A ) line 11e)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
Φ ⊕	ь			penses, Part IX, column (D), line					
Ð		•	_	penses, Part IX, column (D), line . (Part IX, column (A), lines 1		)		3,827,083	2 621 200
	17 18					n (A ))			3,621,380
	18			-add lines 13-17 (must equ		II (A ))		4,497,113	4,238,810
e or	13	reven	ue iess exp	penses Subtract line 18 fro	m mile 12		Parine	37,346	140,536
met Assets of Fund Balances		<b>-</b> · ·		ort V. Long at G.V.			beginnii	ng of Year	End of Year
9 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20		•	rt X, line 16)				1,161,755	1,068,663
4 <u>7</u>	21		·	Part X, line 26)				551,637	357,296
_	22			nd balances Subtract line 2:	I from line 20			610,118	711,367
Pai	rt II	_	ature Blo						
				егјигу, I declare that I have exami correct, and complete Declaratior					
Plea	se	****			. , ,	•	2010-		, ,
Sign	1		ature of office	er			Date	-2	
Here	е	Erika	ı Tındıll ESO F	Executive Director					
			or print nam						
		Preparer	's <b>k</b>		Date	Ch	eck ıf	Preparer's PTIN (	See Gen Inst )
Paid		signature		C Erickson		sel		1	•
	arer's	Firm's no	me (or your	s <b>L</b> Whittlesey & Hadley PC		l em	polycu F	1	
Jse (		ıf self-en	nployed),					EIN 🕨	
'	,	address,	and ZIP + 4	147 Charter Oak Ave				Phone no 🕨 /0/	SOV 522-3111
				Hartford, CT 061065100				Phone no 🕨 (86	JUJ JZZ-3111

May the IRS discuss this return with the preparer shown above? (See instructions) .

## Part III Statement of Program Service Accomplishments (See the instructions.)

4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	abuse providers				
	others working with survivo		NG AND EDUCATION - CCADV provides the as law enforcement, judges, attorned to the content of the		
	available to victims CCAD\	V provides statewide leader	ship on public policy issues by promoti	ng legislation, systems and procedura	al changes in order to improve the
4a	(Code	) (Expenses \$	4,095,408 including grants of \$ or victims of domestic violence and the	) (Revenue \$	4,237,367)
			y, for each program service rep		and anocacions to
4			or each of the organization's thi 4947 (a)(1) trusts are required		
	If "Yes," describe these	changes on Schedule	0		
	services?				┌ Yes ┌ No
3			e significant changes in how it	conducts any program	
	If "Yes," describe these		edule O		, 165 , 116
2	Did the organization un the prior Form 990 or 9		t program services during the y	ear which were not listed on	☐ Yes 🔽 No
_	D. J. H	4			
	advocating for victims and the	anging the social conditions	, beliefs, and social actions that perpe	uate abuse against victims of domes	suc violence
			(CCADV) is a membership organization, beliefs, and social actions that perpe		
1	Briefly describe the organization	on's mission			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$ . •	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns . Enter -0- if not applicable					
			1a	6			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		ne organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	_	ng (gambling) winnings to prize winners?	•		1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> ments filed for the calendar year ending with or within the year covered by this					
	return		2a	19			
ь	Ifatl	ء east one is reported in 2a, did the organization file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retui	rn.	2b	Yes	
3а		ne organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
		<sup>17</sup> · · · · · · · · · · · · · · · · · · ·	• •		3a		No
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other intelleral	4a		No
b	If"Yo	es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.		-			
5a	Wast	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		Νo
b	Did ai	ny taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		No
c	If "Ye	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entil	ty Regarding Prohibited			
Ī		helter Transaction?	•	· · ·	5c		
6a	Did th	ne organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Ye	s," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were	not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization provide goods or services in exchange for any quid pro quo con	trıbut	ion of \$75 or	7a		Νo
		7		10	_ <b>.</b>	1	I
		es," did the organization notify the donor of the value of the goods or services pr			7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		· ·	7c		No
d		es," indicate the number of Forms 8282 filed during the year	7d				
-	11 10	is, marcute the number of forms of of med during the year.					
e		he organization, during the year, receive any funds, directly or indirectly, to pay					
		fit contract?			7e		No
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g		ll contributions of qualified intellectual property, did the organization file Form 8		•	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	le a F	orm 1098-C as	76		N.a
8	•	red? on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a		ction E00(a)/3)	7h		No
0		orting organizations. Did the supporting organizations maintaining donor advised runds a					
	exces	ss business holdings at any time during the		, , , ,	8		No
		'					<u> </u>
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		ne organization make any taxable distributions under section 4966?			9a		No
b		ne organization make a distribution to a donor, donor advisor, or related person	?.		9b		No
10		on 501(c)(7) organizations. Enter		ı			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	TIES					
11	Section	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	446				
	agaın	st amounts due or received from them)..........[	11b	l			
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the					
	year		12b	I			ĺ

Yes

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sectio	n A. G	ioverning	g Body	and	Mana	agem	ient					
_		,,					114. //		_			

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances	s,			
1a	Enter the number of voting members of the governing body	1a		16			
ь	Enter the number of voting members that are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	У	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control of the control over management duties.	•		_	3		Νo
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	ince t	the prior Form 990 wa	as	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?		5		Νo
6	Does the organization have members or stockholders?				6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons? .	. [	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the				
а	the governing body?				8a	Yes	
ь	each committee with authority to act on behalf of the governing body?				8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		. ,		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		•		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Erıka Tındıll ESQ 90 Pıtkın Street East Hartford, CT 06108 (860) 282-7899

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(tion that a			all			(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustæ or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estima mount of compens from t rganizati relate organiza	fother ation he on and ed
1h											+		2.4
TD	Total							-	60,480	)	0		24
2	Total	g those ın 1								1	<u> </u>		24
	Total number of individuals (includin	g those ın 1								1	0	Yes	No 24
	Total number of individuals (including compensation from the organization)  Did the organization list any former	g those in 1 ►0 officer, direc	a) who	recei	ved e, k	mor	e than	n \$1	00,000 in reportable	e -			
3	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu	g those in 1 ▶0 officer, direc	a) who	recei ruste	e, k	mor	e than mploy	n \$1	or highest compens	sated employee	3	<b>Yes</b> Yes	
2	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 ▶0 officer, direc le J for such s the sum of	a) who	recei ruste <i>ual</i> .	e, k	ey e	mploy ation a	/ee,	or highest compens	sated employee			
3 4	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1  O  officer, direct  le J for such  the sum of  ns greater th	a) who ttor or t individu reporta nan \$15	ruste ual ble c	e, k	ey e	mploy ation a	ee, and	or highest compens  other compensation lete Schedule J for su	sated employee  in from the			
3	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1  officer, direct  le J for such  the sum of  ns greater th  enve or accre	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	mploy ation aes," cc	ee, and omp	or highest compens  other compensation  lete Schedule J for su  elated organization	sated employee  in from the  ich  for services	3		No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1  officer, direct  le J for such  the sum of  s greater th  enve or accru  "," complete s	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	mploy ation aes," cc	ee, and omp	or highest compens  other compensation  lete Schedule J for su  elated organization	sated employee  in from the  ich  for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1  officer, direct  le J for such  the sum of  ns greater th  enve or accru  c, " complete so	a) who	ruste  Jele composition of the c	e, k	ey e  eey e  fror  ch pe	mploy ation aces," cce many	and sand unro	or highest compens or highest compens other compensation lete Schedule J for su other compensation	sated employee  in from the  ich  for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  Jele composition of the c	e, k	ey e  eey e  fror  ch pe	mploy ation aces," cce many	and sand unro	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee  in from the  ich  for services  te than  (B)	3	Yes (C	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  Jele composition of the c	e, k	ey e  eey e  fror  ch pe	mploy ation aces," cce many	and sand unro	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee  in from the lich  in for services  in for services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  Jele composition of the c	e, k	ey e  eey e  fror  ch pe	mploy ation aces," cce many	and sand unro	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee  in from the  ich  for services  te than  (B)	3	Yes (C	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  Jele composition of the c	e, k	ey e  eey e  fror  ch pe	mploy ation aces," cce many	and sand unro	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee  in from the  ich  for services  te than  (B)	3	Yes (C	No No

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
ants ints	1a b	Federated campaigns 1a  Membership dues			Revenue		512, 513, or 514
iits, gra Ir amot	c d	Fundraising events					
tions, g er simila	e f	Government grants (contributions) <b>1e</b> 3,	935,385				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					
	h	Total (Add lines 1a-1f)	 •-	4,366,563			
evenue	2a b	Membership Dues	900,099	13,200	13,200		
Service F	c d e						
Program Serwce Revenue	f	All other program service revenue					
	g 3	Total. Add lines 2a-2f					
	4	other similar amounts)	▶	20,221	20,221		
	5	Royalties	<b>▶</b>				
	6a b	(1) Real (11) Per Gross Rents Less rental	sonal				
	с	expenses Rental income or (loss)					
	d	Net rental income or (loss)	• • ther				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and sales expenses Gain or (loss) 180,169  -20,638					
	d	Net gain or (loss)	<b>&gt;</b>	-20,638	-20,638		
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Other F	b c	\$15,000	· .				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	•				
	b c	Less direct expensesb  Net income or (loss) from gaming activities	<b>-</b>				
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory  Miscellaneous Revenue Busines					
	11a b						
	d e	All other revenue  Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d 8c, 9c, 10c, and 11e		4,379,346	12,783	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	97,668	81,827	15,841							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	419,357	356,453								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits	49,364	43,150	6,214							
10	Payroll taxes	51,041	43,386	7,655							
11	Fees for services (non-employees)										
а	Management										
b	Legal										
c	Accounting										
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees										
g	Other	93,527	90,839	2,688							
12	Advertising and promotion	5,803	4,932	871							
13	Office expenses	96,234	81,799	14,435							
14	Information technology										
15	Royalties										
16	Occupancy	81,158	68,984	12,174							
17	Travel	,	,	,							
18	Payments of travel or entertainment expenses for any Federal, state or local public officials										
19	Conferences, conventions and meetings	99,943	98,093	1,850							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	13,696		13,696							
23	Insurance	15,925	13,536	2,389							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	PASSTHROUGH EXPENSES	3,147,413	3,147,413	0							
	DOMESTIC VIOLENCE VICTI	47,605	47,605	0							
c	DUES AND FEES	9,012	7,660	1,352							
d	REPAIRS AND MAINTENANCE	8,889	7,556	1,333							
	Contributions	2,175	2,175	0							
	All other expenses		_, 3								
25	Total functional expenses. Add lines 1 through 24f	4,238,810	4,095,408	143,402							
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,230,010	1,000,700	113,702	·						

Part X	Balance	Sheet

					(A) Beginning of year		(E	B) fyear
	1	Cash—non-interest-bearing			50,001	1	Ziid 0	186,792
	2	Savings and temporary cash investments			499,132	2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			13,200	4		22,640
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		oloyees or		5		<u>,                                      </u>
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 49			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
90	9	Prepaid expenses and deferred charges			23,921	9		18,054
Assets	10a	Land, buildings, and equipment cost basis	اءما	132,956				
⋖	١.		10a	132,956				
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	97,480	46,419			35,476
	11	Investments—publicly traded securities		•		11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$			295,930	12		317,435
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$ .	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			233,152	15		488,266
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,161,755	16		1,068,663
	17	Accounts payable and accrued expenses .			494,569	17		357,296
	18	Grants payable			57,068	18		
	19	Deferred revenue				19		
16	20	Tax-exempt bond liabilities			20			
<u>ā</u>	21	Escrow account liability			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			551,637	26		357,296
s e o		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete lines	27				
ğ	27	Unrestricted net assets			539,652	27		511,704
Balance	28	Temporarily restricted net assets			70,466	28		199,663
Ę	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	e					
s or	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
Ą	32	Retained earnings, endowment, accumulated income, or other fur	nds			32		-
Š	33	Total net assets or fund balances			610,118	33		711,367
<u> </u>	34	Total liabilities and net assets/fund balances			1,161,755	34		1,068,663
Pa	rt XI	Financial Statements and Reporting					T _	
							Yes	No

Part XI	Financial	Statements	and	Reporting	
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1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

## N: 93493130008350

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

	cticut C ce Inc	oalition Agains	on Against Domestic						06-0985675			
Pa	rt I	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					111001 400	.01.07		
1	$\Gamma$	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	170(b)(1)(	(A)(i).			
2	Γ	A school de	escribed in <b>Sect</b>	ion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)						
3	$\Gamma$	A hospital	or a cooperative	e hospital service organizati	on descril	oed in <b>Sec</b>	tion 170(L	b)(1)(A)(i	ii). (Attac	h Schedul	e H )	
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	nospital de	escribed ii	n <b>Section</b> :	170(b)(1)	( <b>A</b> )(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unit desci	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>									
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	c
		describedi	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Pari	tII)					
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruct	tions )	
11	Γ			and operated exclusively fo								
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	.Check
		_	ype I <b>b</b>				nally Integ		'' d	Гтуре	III - Ot	her
e	Γ		• •	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e disquali	fied pers	ons
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (	described	ın section	1509(a)(	1) or
_		section 50		d - wester determination from	+b - TDC	. +6-+ .+	n Tuna I	Tuna II a	. Tuna III			
f		check this		d a written determination fro	in the IRS	tilat it is	a Type I,	Type II o	r Type III	Supportin	ig organiz	
g				as the organization accepted	d any gift	or contribi	utıon from	any of the	!			,
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)	<u> </u>	Yes	No
			· -	ng body of the the supported	_	tion				11g(		<del>                                     </del>
			•	erson described in (i) above		2				11g(	_	<del>                                     </del>
				ty of a person described in (						11g(	III)	<u> </u>
h		Provide the	rollowing infor	nation about the organizatio	ns the org	anization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) ī	s the	(vii) An	nount of
	` '	orted	(11) ETIN	(described on lines 1-9		ation in	1 * .*	nization		ation in	supp	
		ızatıon		above or IRC section	col (i)			i) of your	col (i) o	rganızed		
				(See Instructions))	yourgo	_	supp	oort?	ın the	US?		
					docur		V	l N-	V	N-	-	
					Yes	No	Yes	No	Yes	No		
								-				
								<del>                                     </del>			-	
								-				
				i i	1		1	1	1		1	

Total

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	kea the box o	n line 5, 7, or	8 of Part I.)					
	ublic Support								
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 20	8 0 0	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,130,489	3,907,184	4,313,491	4,490,578	4,3	366,563	21,208,305	
2	Tax revenues levied for the organization's benefit and either paid to or expended on								
	its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add line 1-3	4,130,489	3,907,184	4,313,491	4,490,578	4,3	366,563	21,208,305	
5	The portion of total contribution by each								
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column								
6	(f) <b>Public Support</b> subtract line 5 from line 4							21,208,305	
T	otal Support		•	•					
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 20	08	(f) Total	
7	A mounts from line 4	4,130,489	27,874	4,313,491	4,490,578	4,3	366,563	21,208,305	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	15,801	27,874	39,571	37,491		20,221	140,958	
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss								
10	from the sale of capital assets (Explain in Part IV )	13,200	13,200	13,200	13,200		13,200	66,000	
11	Total Support (Add lines 7 through 10)							21,415,263	
12	Gross receipts from related activities, etc	(See instruction	s)			12			
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(3)	ı	<b>▶</b> ┌	
14	omputation of Public Support Perc Public Support Percentage for 2008 (line 6		ad by line 11 co	lumn (f))				00.030.0/	
1 <del></del> 15	Public Support Percentage for 2007 Sched		•	(1))		14		99.030 %	
	33 1/3% Test - 2008. If the organization did			nd line 14 is 22	1/30/4 or more	15 chack the	ıc hov	99.430 %	
	and <b>stop here.</b> The organization qualifies as <b>33 1/3% Test - 2007.</b> If the organization did	a publicly supp d not check the l	orted organization	on r 16a, and line 1	·				
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the								
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test The If the organization	e organization qu on did not check	ualifies as a pub a box on line 13	licly supported 3, 16a, 16b, or	organızat 17a and l	ion Iine 15 i	<b>▶</b>	
18	more, and if the organization meets the "fac the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted orgar	nızatıon	<b>▶</b> ┌	
	instructions			, = , =	=, =20			<b>▶</b> □	

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 06-0985675

Name: Connecticut Coalition Against Domestic

Violence Inc

#### Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							<b>(E)</b>	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ANITA FORD SAUNDERS , PRESIDENT	1 00	Х		Х				0	0	0	
BERNARD E JACQUES , VICE PRESIDENT	1 00	Х		х				0	0	0	
SANDY ALDIERI , SECRETARY	1 00	Х		Χ				0	0	0	
RAY MONCRIEFFE , TREASURER	1 00	Х		Χ				0	0	0	
DIANE G SYLVESTER , DIRECTOR	1 00	Х						0	0	0	
BEAU THURNAUER , DIRECTOR	1 00	X						0	0	0	
ED KOISTENEN , DIRECTOR	1 00	Х						0	0	0	
PATRICIA FROEHLICH , DIRECTOR	1 00	Х						0	0	0	
GARLAND HIGGINS , DIRECTOR	1 00	Х						0	0	0	
MICHELE S WALDNER , DIRECTOR	1 00	X						0	0	0	
JILLIAN GILCHREST , DIRECTOR	1 00	Х						0	0	0	
DERRICK GORDON , DIRECTOR	1 00	Х						0	0	0	
CATHY ZEINER , DIRECTOR	1 00	Х						0	0	0	
ENELSA DIAZ, DIRECTOR	1 00	Х						0	0	0	
JEAN MILFORD , DIRECTOR	1 00	Х						0	0	0	
SHARAYU TULPULE , DIRECTOR	1 00	Х						0	0	0	
ERIKA TINDILL ESQ , EXECUTIVE DIRECTOR	40 00			х				0	0	0	
AGNES MALDONADO , EXECUTIVE DIRECTOR	40 00						х	60,480	0	24	

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Prezetions, complete Port III	oxy Tax)	,,,	, , , , , , , , , , , , , , , , , , ,		
N a	rme of the organization nnecticut Coalition Against Domestic lence Inc	zations complete Fart III		Employer iden 06-0985675	itification numbe	r	
Par		y all organizations exempt on the exempt of the instructions for Schedule C			527		
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign acti	vities in Part IV			
2	Political expenditures				\$		
3	V olunteer hours						
Par	<b>To be completed b</b> for Schedule C for d	y all organizations exempt (etails.)	under section	<b>501(c)(3).</b> (See the	instructions		
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955		\$		
2	Enter the amount of any excise	\$					
3	If the organization incurred in	a section 4955 tax, did it file Form 47	720 for this year	>	☐ Yes	┌ No	
4a	Was a correction made?	☐ Yes	┌ No				
b	If "Yes," describe in Part IV						
Par		y all organizations exempt of for Schedule C for details.)	under section	501(c), except sect	tion 501(c)(3	).	
1	Enter the amount directly expe	\$					
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contribut	ed to other orgar	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lines	1 and 2 and ente	er here and on Form	\$		
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	organization's own interna litical organization, such a:	l funds or were s a separate	ents	
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of contributions and prompt directly delive separate po organization enter -0	received ly and red to a litical If none,	
For	Danerwork Peduction Act Notice	, see the instructions for Form 990.	Cat No 50	10845 Schedule C /	 Form 990 or 990	F7\ 200	
101	rapelwoik keduction Act Motice	, see the histractions for Follii 330.	Cal NO DU	OUTS SCHEUUIE CL	220 01 230		

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add lin	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures						
f	Lobbying nontaxable amount Entercolumns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1	.,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	r line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

		· <del></del>
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(0)		
		Yes	No	/	A moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	1		
С	Media advertisements?		Νo	1		
d	Mailings to members, legislators, or the public?		Νo	1		
e	Publications, or published or broadcast statements?		Νo	1		
f	Grants to other organizations for lobbying purposes?		Νo	T		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1	8,300
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	1		
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1				1	8,300
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
ь	If "Yes" enter the amount of any tax incurred under section 4912			1		
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ection	501(	c)(5		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), so section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.	" OR if				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	·'				
а	Current Year	L	2a\$			
b	Carryover from last year		2b\$			
С	Total		2c \$			

# Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information

expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Ident if ier	Return Reference	Explanation

3 \$

4 \$

5 \$

Part IV Supplemental II	Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Connecticut Coalition Against Domestic 06-0985675

Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if the			
	organization answered Tes to Form 9.	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		(-,			
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv	isors in writing that the assets held in don	or advised			
	funds are the organization's property, subject to the		☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be			
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreat  Protection of natural habitat  Preservation of open space	ion or pleasure) Preservation of an	historically importantly land area rtified historic structure			
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form				
			Held at the End of the Year			
а	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easement	ts	2b			
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during			
	the taxable year 🟲					
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		rtions, and Yes No			
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year <b>►</b>			
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing easements during the ye	ear ► \$			
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes No			
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial ments	statements that describes			
Par	Complete if the organization answered		or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	l for public exhibition, education or researc	th in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1	L	<b>►</b> \$			
	(ii) Assets included in Form 990, Part X		<b>►</b> \$			
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$			
b	Assets included in Form 990, Part X					

Part	Organizations Maintaining Co	llections of Art, I	Histo	<u>ori</u>	<u>cal Treasur</u>	es, or Othe	<u>r Similar Asse</u>	ts (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any c	of the	foll	owing that are	a sıgnıfıcant u	se of its collection	1	
а	Public exhibition		d		Loan or excha	ange programs			
ь	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	how t	hey	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit							Yes	┌ No
Par	Trust, Escrow and Custodial . Part IV, line 9, or reported an ar	Arrangements. C	omp	lete	if the organ		ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedi	ary fo	or c	ontributions or	other assets i		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table							
							A mou	nt	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 2	217				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/							
Pa	rt V Endowment Funds. Complete								
_		(a)Current Year	19 <b>(d)</b>	or \	'ear (c)Two	Years Back (d)	Three Years Back (e	Four Y	ears Back
1a	Beginning of year balance	295,932							
Ь	Contributions	61,207							
c	Investment earnings or losses	-39,704							
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	317,435							
2	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment 🕨	100 000 %							
Ь	Permanent endowment								
c	Term endowment 🕨								
3a	Are there endowment funds not in the posse	ssion of the organizati	on th	ata	re held and ad	ministered for	the		
	organization by							Yes	No
	(i) unrelated organizations		•	•			3a(i)		No
ı.	(ii) related organizations						3a(ii)	<u> </u> 	No
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•					Зь	<u> </u>	<u></u>
	t VI Investments—Land, Building					rt X line 10			
u (: Li	LATE INVESTIGATION LANG. DUNGING	s, and Equipment	<u> 3e</u>			1		<u> </u>	
	Description of investment				a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	look value
	Land						1		
1a						1	i .		
	Buildings								
b	Buildings		.						
b c	•	· · · · · · · · · · · · · · · · · · ·				54,634	41,164		13,470
b c d e	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·				54,634 78,322			13,470 22,006

(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)	(3,233	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	126 622	
Other Equity Securities	136,633	
Other Fixed Income	160,498	
Other Money Market	20,304	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) ▶ 317,435	
	·	
Part VIII Investments—Program Related.		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) ▶	
Part IX Other Assets. See Form 990, Part 1		
	scription	(b) Book value
Grants Receivable		475,294
Security Deposit		12,9/2
		+
		+
Total. (Column (b) should equal Form 990, Part X, col.(B)	line 15.)	488,266
Part X Other Liabilities. See Form 990, Pa		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) 🕨	

Fell	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,379,346
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,238,810
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	140,536
4	Net unrealized gains (losses) on investments	4	-39,287
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-39,287
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	101,249
Pari	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	4,379,346
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,379,346
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	4,379,346
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	4,238,810
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С .	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	]	0
e 2	Add lines 2a through 2d	2e 3	4 2 2 8 4 0
3 4	Subtract line <b>2e</b> from line <b>1</b>	3	4,238,810
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIV) 4b		
	Add lines <b>4a</b> and <b>4b</b>	4c	0
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,238,810
	t XIV Supplemental Information		7,230,010

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
•	Endowment Funds	The Organization's Endowment Funds attempt to provide predictable stream of funding to programs supported by the endowment and to address capital needs

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130008350

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury

ın Part III

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Connecticut Coalition Against Domestic Violence Inc 06-0985675 Part I **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(I)-(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) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
AGNES MALDONADO (1)					24	60,504	
(ii	)						
(i)							
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#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
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**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
Connecticut Coalition Against Domestic
Violence Inc

Employer identification number
06-0985675

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE BOARD OF DIRECTORS REVIEW THE 990 BEFORE FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy is reviewed on an annual basis by both board members and employees. All board members provide information regarding their jobs and professional endeavors. In addition, every Board member employee has an obligation to protect the organization by bringing to attention any issue that could be construed as a conflict of interest.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR BASED ON COMPARABLE DATA IN THE CURRENT MARKET AND VOTES (THE EXECUTIVE DIRECTOR IS NOT PRESENT FOR THE VOTE) TO APPROVE THE SALARY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
		THE BOARD TREASURER HAS THE RESPONSIBILITY OF SERVING ON A COMMITTEE WITH THE EXECUTIVE DIRECTOR AND OTHER BOARD MEMBER WHO VOLUNTEER TO CHOOSE AN AUDITOR, REVIEW THE DRAFT AUDIT REPORT, ASSIST THE EXECUTIVE DIRECTOR WITH A RESPONSE, IF NECESSARY, AND ARRANGING THE PRESENTATION TO THE FULL BOARD FOR FINAL APPROVAL