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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)

OMB No 1545-0047

2008

Department of the Treasury

**Open to Public** 

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	or the	2008 calend	dar year, c	or tax year begi				3, and en	ding		-30 , <b>20</b> 09	
		applicable:	Please use IRS		zationPAGE REGIONA	T DOME	STIC VIOLENC	E			D Employer ident	
A	ddress	change	tabel or		AS SERVICES				· · · · · · · · · · · · · · · · · · ·	-	86-0838347	
=	ame ch	ange	print or type.		eet (or PO box if mail is no	t delivered	to street address)		Room/suite	le le	E Telephone num	
_ In	itial ret	urn	See Specific	PO BOX 36	86		<del></del>				(928)645-5	
<u></u> ⊤•	erminat	ion	Instruc-	City or town, st	ate or country, and ZIP + 4					ľ	G Gross receipts	\$
<u></u> ⊿	mended	d return	tions.	PAGE, AZ	86040						1,0	77,608
□ A	oplicati	on pending	F Name	and address of pri	ncipal officer <b>KATHERIN</b>	E REUS	ING		H(a) Isthisa o	roup re	turn for	_
					AGE, AZ 86040				H(a) Is this a g affiliates	,	Ye	≋ X No
1 Ta	x-exer	npt status	X 501(c)(	3 ) <b>◀</b> (inse	ert no ) 4947(a)(1) or	<u> </u>	7		H(b) Areallaff	iliates i	ncluded? Ye ist (see instruction number ▶	es L No
		► N/A							H(c) Group exe	emption	n number >	<del></del>
		organization 🗓	Corporatio	n Trust As	sociation Other >		L Year of for	mation 19	96 M State	of lega	domicile AZ	
Par		Summar	_									
	1	Briefly descr	ribe the or	ganızatıon's mis:	sion or most significant	activities	ADVOCACY	AND S	SHELTER PRO	DVID	ED TO DOME	STIC
<b>A</b>	Ì	VIOLENCE	AND S	EXUAL ASSAU	ILT VICTIMS AND	THEIR	CHILDREN					
A C C i o												
iv												
V e i r	2			•	n discontinued its oper		•					
t n i a	3		_	_	erning body (Part VI, II					3		8
e n	4		-	_	ers of the governing bo	-				4		8
s c	5		-	-	e 2a)					5		37
	6				necessary)					6		16
~	7a	Total gross u	unrelated I	business revenu	e from Part VIII, line 12	!, column (	(C)			7a		0
	Ь	Net unrelate	d busines:	s taxable income	from Form 990-T, line	<u> 34</u>		• • • • •		7b		0
N R								<u> </u>	Prior Year		Current Y	'ear
⊱ e	8		_		∍ 1h)			<u> </u>	1,009	<u>,887</u>	8	56,308
∨ e	9	-			e 2g)						2	<u>18,315</u>
l l	10				A), lines 3, 4, and 7d)				2	<u>,</u> 305		2,985
e	11	Other reven	ue (Part VI	III, column (A), li	nes 5, 6d, 8c, 9c, 10c,	and 11e)		· · ·		,685	<del></del>	0
<u>-</u>	12				(must equal Part VIII,				1,002	<u>,507</u>	1,0	77,608
2	13	Grants and	simılar am	ounts paid (Part	IX, column (A), lines 1 X, column (A), line 4		MED	· · ·  _	8	<u>,487</u>		0
E	14							$\cdots$				0
' х , р	15				ee benefits (Part-IX, col		lines 5-10)	• • •  _	604	<u>,392</u>	8	24,823
e					column (A), line_11e)	APR -0	2 2010 · ·   Ö		<del></del>			<u> </u>
n s			-		olumn (D), line 25 ►		15510	<u> </u>			<b>‡</b>	
e S	17	Other expen	ises (Part I	IX, column (A), l	nes 11a-11d 111-24) st equal Part X <u>colum</u>	CIDER	VI: 117	• • •  _		,342	<u> </u>	72,643
								• • •		, 221		97,466
	19	Revenue les	s expense	es. Subtract line	18 from line 12	<u> </u>	· · · · · · · · · · · · · · · · · · ·			, 286	<del>                                     </del>	19,858)
Net Assets		<b>-</b>	(5	40)					Beginning of Y		End of Y	
or Fund	20	Total assets			• • • • • • • • • • •	• • • • •		· · · ⊢	1,400			62,918
Bal-	21	Total liabilitie						$\cdots \vdash$		,639		73,854
ances	22				line 21 from line 20.	<del></del>		• • •	508	,922	4	89,064
Par	k 4# :	Signatu			ave examined this return, in	actudina acc		and states	onte and to the h	oct of n	ny knovylodao	
		and belief, it	t is true corr	edt, and complete.	Declaration of preparer (ot)	ner than off	icer) is based on all inf	ormation o	which preparer h	as any l	knowledge	
			//	5)000						1	alanl.	
Sign	ì	Signatu	are of officer	Jeusin.				*		l d	3/10/10	<del></del>
Here		"	•	,						Dai		
Here	•		r print name		ECUTIVE DIRECT	<u>JR</u>	<u> </u>		<del></del>			
		-	· print name	and title	-		Date	la	Propo	ror'o ide	entifying number	
D-:-		Preparer's signature	Stee	und d	my			Check i self-	(see in	structi		
Paid		signature	SAMU	EL L CUMMI			03-29-2010	employ				
Prepa Use C		Firm's name			& COMPANY PC	2		į	EIN >			
-30	,	if self-emplo address, and			V C PO BOX 96	<u> </u>					- 2005	
NADO A	ho IDC	discuss 45		PAGE, AZ	···	Anna 4 - 1		<u>_</u> j	Phone no ▶928			[V] a.
					hown above? (see ins				· · · · · · · ·		· · · L Yes	<b>⊠</b> No
ro! P	rivacy	ACT AND PA	perwork i	neduction Act N	lotice, see the separa	te instruc	TIONS.	110		EEA	Form 9	<b>90</b> (2008)
							U * ~ ) !	, <del>U</del> >				1

kc	(Code <sup>.</sup>	) (Expenses \$		incl	iding grants of \$		) (Revenue	\$	)
							. <u>-</u>		
					····				
			-						
ď	Other program	services (Describe in S	Schedule	0.)	<u> </u>				
	(Expenses \$		including	g grants of \$		) (Revenue \$		)	
e	Total program	service expenses 🕨	\$	1,069,692	(Must equal Part	IX, Line 25, column	(B))		
						EEA			Form <b>990</b> (2008)

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_	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			۱,,
_	Schedule C, Part II	4		X
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
٠	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	•		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		
••	Parts VI, VIII, IX, or X as applicable	11	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	11	Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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		x
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? If "Yes," complete Schedule F, Part II	15		Х
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		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5° If "Yes," complete			
	Schedule J	23		X
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		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24Ь		
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			
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
26	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
<i>-1</i>	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			v
	Substantial Continuator, or to a person related to Such an individual? If Tes, complete Schedule L, Part III	27		X

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 IV	28a		x
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28ь		X
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		Ιx
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			<del></del>
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701–2 and 301 7701–3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<del>                                     </del>
	III, IV, and V, line 1	34		X
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		Ιx
36	Section 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		x
37	Did the organization conduct more than 5% 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		Ιx
	EEA	Form	990 (	2008)

## 08) PAGE REGIONAL DOMESTIC VIOLENCE Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 37			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 <b>b</b>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over. a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	_X_	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		7.7
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			3.7
8	required?	7h		X
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		v
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	•		X
a	Did the organization make any taxable distributions under section 4966?	9a		v
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	30		^-
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

86-0838347 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions	1		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	1		
а	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8Ь	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10_	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this is done	12c	Х	77
13	Does the organization have a written whistleblower policy?	13	37	<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	X	
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		.,	
a	The organization's CEO, Executive Director, or top management official?	15a	X	
Ь	Other officers or key employees of the organization?	15b	Х	
16~	Describe the process in Schedule O (see instructions)			
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?	16-		v
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
D	it res, 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		
Sec	the organization's exempt status with respect to such arrangements?	100		Щ.
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed AZ			
17 18	Section 6104 requires an organization to make its Forms 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 Dupon request			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CORPORATION (925)645-5300  835 NEWBURN RD PAGE. AZ 86040			

86-0838347 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and 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

Check this box if the organization did not compensa  (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (	chec	k all	that app	oly)	Reportable	Reportable	Estimated
	hours per week	I t d nri dur v t c l e o u r a o l r	t s	C	K e y e m p l o y e e	Homp! oyeest ed	L U	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ANDREW GRIM										
VICEPRESIDENT	11		]	Х				0	0	0
HERMAN TSO										
MEMBER	1			X				o	0	0
RICK LARSEN										
MEMBER	11		L	Х	L			0	0	0
ROLLI TRUMAN		]								
SECRETARY	11			Х	L			0	0	0
KATHALIN WALKER										
PRESIDENT	1			X				o	0	0
ERICA BENNETT										
MEMBER	1			X				o	0	0
RONALD MACDONALD										
MEMBER	11			X				О	0	0
KATHERINE REUSING										
EXECUTIVE DIR	40		L.	X				55,947	0	0
				,						
									-	
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Page 8

P	art VII Section A. Officers, Directors, Trustees, K	ey Employe	es, ar	nd H	ligh	est (	Comp	ensa	ted Employees (	continued)			
	(A) (B) (C) (D) (E)  Name and title Average Position (check all that Reportable Reportable											(F)	
	Name and title	Average			heck	ali ti	nat	ŀ	Reportable	Reportable	E:	timated	
		hours	apply	, 					compensation	compensation	an	nount of	
		per	l td	l t	o	K e e m	Hce I mm	F	from	from		other	
		week	d ur	s r t u	f		g p i	r	the	related	con	pensation	
			' se	i s	lد	¦	le no	m e	organization	organizations	1	from the	
			d et	u e t e	e	У	s s y	r	(W-2/1099-MISC)	(W-2/1099-MISC	)	rganızation	ı
			u r	6	Ϊ'	e	eе				a	nd related	
			i °	n a		ŀ	d				or	ganizations	i
	<del></del>		<u> </u>	<u> '</u>	<u> </u>	<u> </u>		$\vdash$			<u> </u>		
				}		l					1		
		<del></del>		<del> </del>	-	-	-				<del> </del>		_
					<u> </u>						<u> </u>		
													_
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				_	<u> </u>	<u> </u>		$\dashv$		<del></del>	ļ		_
									İ				
		-		-						<del> </del>	-		_
								İ					
1b	Total		• • • •		<del>'</del>			<b>•</b>	55,947	0		0	_
2	Total number of individuals (including those in 1a) who	o received n	nore th	an :	\$100	0,000	) in rep	orta		from the	<u> </u>		_
_	organization <b>&gt;</b>											ı	0
												Yes No	
3	Did the organization list any <b>former</b> officer, director or employee on line 1a? If "Yes," complete Schedule J for											1,,	
4	For any individual listed on line 1a, is the sum of repoi									• • • • • • • •	3	<u> </u>	
•	the organization and related organizations greater that												
	individual										4	x	
5	Did any person listed on line 1a receive or accrue com												_
	services rendered to the organization? If "Yes," comple										5	X	
	ction B. Independent Contractors												_
1	Complete this table for your five highest compensated	ındependei	nt cont	ract	ors	hat	receive	ed m	ore than \$100,000	of			
_	compensation from the organization								T	<del>- 1</del>			_
	(A) Name and business address	:							(B)	randos	(C Compe		
Name and business address Description of services										services	Compe	Sation	_
					_				<u> </u>			<del> </del>	_
													_
		_											_
2	Total number of independent contractors (materials at	4\: 1						00.0	00:-			<del></del>	_
-	Total number of independent contractors (including the compensation from the organization ▶	∪se i⊓ i)Wñ	n tece	ivec	ı mc	re ti	ian \$1	UU,U	oo in				

Page 9

ran	VHI-	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
Cgoa	1a	Federated campaigns 1a					,,
OIII	. ומ	· • • • • • • • • • • • • • • • • • • •			-		
nfho		' <del>  -   -  </del>					
rs,rr	: 1	<u> </u>		1			
bgss	i d	Related organizations 1d					
tam	e	Government grants (contributions) 1e	856,308				
o t I	f	All other contributions, gifts, grants, and			1		
nsa s, r	ļ	similar amounts not included above 1f		1			
a n	g	Noncash contributions included in lines 1a-1f \$		1			
d	h	Total. Add lines 1a-1f		856,308			
	+	: : : · · · ·	Business Code			***************************************	***************************************
	22	FBC AND DONATIONS 9	00099	218,315			218,315
PSF	3 6		00033	210,313		<del></del>	210,313
ree							
g v e						· · · · · · · · · · · · · · · · · · ·	
acu	_						<u>.</u>
m e e	e		<del></del>				
	f	All other program service revenue		ļ			**************************************
	g	Total. Add lines 2a-2f		218,315			
	3	Investment income (including dividends, interest, a	and				
		other similar amounts)		2,985	2,985		
	4	Income from investment of tax-exempt bond processing	eeds ▶				
	5	Royalties					
	İ	(i) Real	(iı) Personal				
	6a	Gross Rents	(,,,				
	1	Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)			Ŧ		
		Gross amount from sales of (I) Securities	(ii) Other				<del></del>
		assets other than inventory					
	Ь	Less. cost or other basis and sales expenses					
0	6	Gain or (loss)					
h		Net gain or (loss)		i i	Ŧ		
e		Gross income from fundraising					
r	Oa				1		
R	1				1		
e	ľ	of contributions reported on line 1c)					
٧	1	See Part IV, line 18 a					
e n	1	Less direct expenses b		ŀ	1		
ü	c	Net income or (loss) from fundraising events	🕨				
е	9a	Gross income from gaming activities		,			
		See Part IV, line 19 a			1		
	Ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities					
	1	Gross sales of inventory, less					<del></del>
		returns and allowances			1		
		Less: cost of goods sold b			1		
	C	Net income or (loss) from sales of inventory	<u> </u>				
		Miscellaneous Revenue	Business Code				:
	11a			ĺ	Ţ	ĺ	
	Ь						<del></del>
	c						
	d	All other revenue					
		Total. Add lines 11a-11d			· · · · · · · · · · · · · · · · · · ·		·
			· }		·····•		<u></u>
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8		1 077 605	2 22-	[	
	1	9c, 10c, and 11e		1,077,608	2,985	0	218,315

Page 10

### 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).

	All other organizations must complete colu			olumns (B), (C), and (D	
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundralsing 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				
}	Grants and other assistance to governments,				***************************************
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
ļ	Benefits paid to or for members				***************************************
,	Compensation of current officers, directors,				
	trustees, and key employees	55,957	55,957		
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	596,174	596,174		
	Pension plan contributions (include section 401(k)				<del></del> _
	and section 403(b) employer contributions)				
	Other employee benefits	110,948	110,948		
l	Payroll taxes	61,744	61,744		
	Fees for services (non-employees)				
a	Management				
Ь	Legal	10,026	10,026		
C	Accounting	16,384		16,384	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				<u> </u>
g	Other				<del></del>
	Advertising and promotion	3,940	3,940		
	Office expenses	3,970	3,255	715	
	Information technology				
,	Royalties				
i	Occupancy	33,128	33,128		
	Travel	11,207	11,207		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
 	Conferences, conventions, and meetings	3,132	3,132		
	Interest	6,583	6,583		_
	Payments to affiliates				
	Depreciation, depletion, and amortization	46,276	38,276	8,000	<del>-</del>
	Insurance	12,708	12,708		<del></del>
	Other expenses ltemize expenses not		<b>!</b>		
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below.)				
a	FOOD VOUCHERS AND SHELTER	10,410	10,410		
D	SUPPLIES	49,213	46,538	2,675	
C	CONSULTANTS	3,452	3,452		
d	VOLUNTEER RECOGNITION	657	657		
<b>e</b>	TELEPHONE	61,557	61,557		
İ	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,097,466	1,069,692	27,774	
	Joint Costs. Check here ▶ ☐ if following \				
	SOP 98-2. Complete this line only if the organization organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation	1			

Par	t X	Balance Sheet	• •				
	1 _		(A)		(	B)	
			Beginning of year		End o		
	1	Cash - non-interest-bearing	<del></del>	1			779
	2	Savings and temporary cash investments	. 125,748	2	-	101,	
	3	Pledges and grants receivable, net	. 132,350	3		118,	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L	.	5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L	. [	6			
A S	7	Notes and loans receivable, net		7			
s	8	Inventories for sale or use		8			
e t	9	Prepaid expenses and deferred charges	9,600	9		11,	347
s	10a	Land, buildings, and equipment cost basis   10a   1,282,283					
	b	Less accumulated depreciation. Complete	7				
		Part VI of Schedule D	1,127,619	10c	1,1	25,	319
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV. line 11		12			
	13	Investments - program-related See Part IV, line 1.1	•	13			
	14	Intangible assets	•	14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,400,561	16	1,3	362,	918
	17	Accounts payable and accrued expenses	33,998	17		37,	604
	18	Grants payable		18			
Ļ	19	Deferred revenue		19			
i	20	Tax-exempt bond liabilities		20			
ь	21	Escrow account liability Complete Part IV of Schedule D		21			
i	22	Payables to current and former officers, directors, trustees, key					
i		employees, highest compensated employees, and disqualified					
ŧ		persons Complete Part II of Schedule L		22			
e	23	Secured mortgages and notes payable to unrelated third parties	857,641	23	8	336,	250
s	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	891,639	26		373,	854
		Organizations that follow SFAS 117, check here ▶ 🗓 and		1 1			
NF	_	complete lines 27 through 29, and lines 33 and 34.					
e u t n	27	Unrestricted net assets		27	4	189,	064
d	28	Temporarily restricted net assets	_ <del></del>	28			
A s B	29	Permanently restricted net assets		29			
s a		Organizations that do not follow SFAS 117, check here ▶ □					
e I t a		and complete lines 30 through 34.		_			
s n	30	Capital stock or trust principal, or current funds	-	30			
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
O E	32	Retained earnings, endowment, accumulated income, or other funds		32			
	33	Total net assets or fund balances		33		89,	
	34	Total liabilities and net assets/fund balances	1,400,561	34	1,3	62,	<u>918                                    </u>
Par	( Al	Financial Statements and Reporting					
4	A a a a : : :	ating mothed wood to propose the Form OCO. The table of the table of the table of the table of the table of the table of the table of tabl	L		F	Yes	No
1			her				
2a L		he organization's financial statements compiled or reviewed by an independent accor				37	X
ь		he organization's financial statements audited by an independent accountant?			· ·   2b	X	<del> </del>
С		to lines 2a or 2b, does the organization have a committee that assumes responsibility	•		ے ا	w	1
3-		dit, review, or compilation of its financial statements and selection of an independent is			· ·   2c	Х	<u> </u>
Ja		sult of a federal award, was the organization required to undergo an audit or audits a gle Audit Act and OMB Circular A-133?			1	v	1
Ь		did the organization undergo the required audit or audits?				X	<del> </del>
	, 03,	and the distinction and organic required addition addition.	<u> </u>	<u></u>	3b	Λ	L

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

2008

Open to Public Inspection

**Employer identification number** 

		EGIONAL DOMEST						. <u> </u>		838347			
Pa	rt I	Reason for	<b>Public Charit</b>	y Status (All organiza	itions mus	t complete	this part.	) (see instr	uctions)				
Γhe	orga	nization is not a priva	te foundation beca	ause it is (Please check	only <b>one</b> d	organizatio	n )						
1		A church, convention	n of churches, or a	association of churches of	described	ın <b>section</b>	170(b)(1)	(A)(i).					
2		A school described	n section 170(b)(	1)(A)(ii). (Attach Schedu	le E)								
3		A hospital or a coop	erative hospital se	rvice organization descri	bed in se	ction 170(I	ь)(1)(A)(iii	). (Attach :	Schedule f	<b>-</b> 1)			
4		A medical research	organization opera	ited in conjunction with a	hospital e	described	ın <b>section</b>	170(b)(1)	( <b>A</b> )(iii). En	ter the hos	pital's n	ame,	
		city, and state					_						
5		An organization ope	rated for the benef	fit of a college or univers	ity owned	or operate	ed by a go	vernmenta	l unit desc	ribed in			
		section 170(b)(1)(A)	(iv). (Complete Pa	art II.)									
6		described in section 170(b)(1)(A)(vi). (Complete Part II )											
7	X	An organization that	normally receives	a substantial part of its	support fro	om a gover	rnmental u	init or from	the gener	al public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II )									
8		A community trust d	escribed in <b>sectio</b> i	n 170(b)(1)(A)(vi). (Com	plete Part	11 )							
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from c	ontributior	ıs, membe	rship tees,	and gross	5		
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its											
		support from gross i	nvestment income	and unrelated business	taxable ır	come (les	s section 5	511 tax) fro	m busines	ses			
				e 30, 1975 See <b>section</b>									
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ety See se	ection 509	(a)(4). (se	e instructio	ns)			
i1				ed exclusively for the bei									
		purposes of one or	more publicly supp	oorted organizations des	cribed in s	section 509	9(a)(1) or s	section 509	(a)(2) Se	esection			
		509(a)(3). Check the	box that describe	s the type of supporting	organizat	on and co	mplete lin	es 11e thro	ough 11h				
		a 🗌 Type I	<b>b</b> 🗌 Турс	ell c	Type III	-Functiona	ally integra	ted	d	Type I	II-Other		
e		By checking this box	c, I certify that the	organization is not contro	olled direc	tly or indire	ectly by or	ne or more	dısqualıfie	ed			
		-		ers and other than one o									
		509(a)(1) or section	509(a)(2).										
f		If the organization re	ceived a written d	etermination from the IR	S that it is	a Type I,	Type II, or	Type III su	pporting				
		-											🗆
9		Since August 17, 20	06, has the organiz	zation accepted any gift	or contribi	ution from	any of the	•					
Ī		following persons?	_										
		(i) A person who	directly or indirectly	y controls, either alone o	r together	with perso	ons descril	bed in (ii)				Yes	No
				dy of the supported orga							11g(i)		
				cribed in (i) above?							11g(ii)		
			•	on described in (i) or (ii)							11g(iii)		
h				it the organizations the o									
	60 No	ame of supported	(ii) EIN	(iii) Type of organization	Ī	organization	T	you notify	(vi) l	s the	640	Amoun	t of
	(1) 140	organization	(II) EIN	(described on lines 1-9		sted in your	the organiz	•		tion in col		upport	
		-		above or IRC section	governing	document?	(i) of you	r support?	(i) organize	ed in the S.?			
				(see instructions)	Yes	No	Yes	No	Yes	No			
					<del></del>	<del> </del>	<del> </del>	<del>                                     </del>					
							<b></b>		l				
					1								
		<del> </del>				<del>                                     </del>		<del>                                     </del>					
					1								
					<del>                                     </del>	<del> </del>	<del>                                     </del>		<del> </del>				
					i								
	-				<del> </del>		<del> </del>	<del> </del>					
Γota	ıj						1						

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

Sec	tion A. Public Support						
Cal	endar 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 include any "unusual grants")	195,548	341,411	457,124	885,462	869.982	2,749,527
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	.,,,,,,,,	331,7311	1377,121	000, 102	003,302	2,745,327
3	The value of services or facilities furnished by a governmental unit to the organization without charge	2,640	2,608	1,858			7,106
4	Total. Add lines 1-3	198,188	344,019	458,982	885,462	869,982	2,756,633
5	The portion of total contributions by each						
	person (other than a governmental unit or	1	I	1			
	publicly supported organization) included			I			
	on line 1 that exceeds 2% of the amount			I			
	shown on line 11, column (f)	v.	Ī	1			
6	Public support. Subtract line 5 from line 4			<del>-</del>			2,756,633
Sec	tion B. Total Support	<u> </u>		*			
Cal	endar year (or fiscal year beginning in)	(a) 2004	( <b>b</b> ) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	198,188	344,019	458,982	885,462	869,982	2,756,633
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	356	837	2,599	2,305	2,985	9,082
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			Ī			2,765,715
12	Gross receipts from related activities, etc. (see instru	uctions)				12	
13	First five years. If the Form 990 is for the organizate check this box and stop here		d, third, fourth, c	or fifth tax year as	a section 501(	c)(3) organizatio	n, ▶ 🔲
Sec	tion C. Computation of Public Support	Percentage					
14	Public support percentage for 2008 (line 6, column					14	99.67 %
15	Public support percentage from 2007 Schedule A, F						99.64 %
16a	33 1/3% support test - 2008. If the organization did	d not check the b	ox on line 13, a	nd line 14 is 33 1	/3% or more, ch	neck this box	
	and stop here. The organization qualifies as a publ	licly supported or	ganization				▶ 🏻
þ	33 1/3% support test - 2007. If the organization did	d not check a box	on line 13 or 1	6a, and line 15 is	33 1/3% or mo	re, check this	
	box and stop here. The organization qualifies as a	publicly supporte	d organization				▶ 🗌
17a	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" to	est, check this b	ox and stop her	e. Explain in Pa	rt IV how the	
	organization meets the "facts-and-circumstances" to						▶ □
b	10%-facts-and-circumstances test - 2007. If the						
	more, and if the organization meets the "facts-and-						
	organization meets the "facts-and-circumstances" to						▶ □
18	Private foundation. If the organization did not chec						

86-0838347

	(Complete only if you checked the box on	line 9 of Part I.)	)				
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, 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	Amounts included on lines 1, 2, and 3 received from disqualfied persons	-		-			
Ь	Amounts included on lines 2 and 3 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						
С	Add lines 7a and 7b						<u> </u>
8	Public support (Subtract line 7c from line 6)		· · · · · · · · · · · · · · · · · · ·				
Sec	tion B. Total Support	,	т		<del></del>		
Cal	endar year (or fiscal year beginning in)	(a) 2004	( <b>b</b> ) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
0a	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 June 30, 1975						
с 1	Add lines 10a and 10b						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11, and 12)						
4	First five years. If the Form 990 is for the organization check this box and stop here			•		•	_
Sec	tion C. Computation of Public Support	Percentage		<del></del>			
5	Public support percentage for 2008 (line 8, column	(f) divided by lin	ne 13, column (f	))		15	%
6	Public support percentage from 2007 Schedule A, I	Part IV-A, line 2	7g		<u> </u>	16	%
<u>sec</u>	tion D. Computation of Investment Inco	me Percent	tage				
7	Investment income percentage for 2008 (line 10c, c	olumn (f) divide	ed by line 13, col	umn (f))		17	%
8	Investment income percentage from 2007 Schedule					18	%
9a	33 1/3% support tests - 2008. If the organization of	lid not check the	e box on line 14,	and line 15 is m	ore than 33 1/3°	%, and line 17	
ь	not more than 33 1/3%, check this box and stop he 33 1/3% support tests - 2007. If the organization d	_			_		▶ ☐ d line 18
0	is not more than 33 1/3%, check this box and <b>stop Private Foundation:</b> If the organization did not che	here. The organ	nization qualifies	as a publicly su	pported organiza	ation · · · ·	_

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAT DOMEGRAC MACHENOR

Employer identification number

PAGE REGIONAL DOMESTIC VIOLENCE 86-0838347 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) . . . . . 2 3 Aggregate grants from (during year) . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV line ? Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . . Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . . . . . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and ☐ Yes ☐ No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items 

	dule D (Form 990) 2008 PAGE REGIONAL						86-08383		Page 2
	rt III Organizations Maintaining							sets (contir	nued)
3	Using the organization's accession and other r	ecords, check any o	of the follow	ving that a	re a significant	use of	its collection		
	items (check all that apply)								
а	Public exhibition		an or excha						
Ь	Scholarly research	e 🗌 Oth	ner						
C	Preservation for future generations								
4	Provide a description of the organization's college	ections and explain	how they f	urther the	organizatıon's e	exemp	t purpose in		
	Part XIV								
5	During the year, did the organization solicit or i								
	assets to be sold to raise funds rather than to l							. 🗌 Yes	☐ No
Pa	rt IV Trust, Escrow and Custod				anization answe	ered "`	es" to Form 990,		
	Part IV, line 9, or reported an amou	nt on Form 990, Pai	rt X, line 21						
1a	Is the organization an agent, trustee, custodiar								
	ıncluded on Form 990, Part X?							. 🗌 Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the folio	wing table	:					
							Amor	unt	
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 For	m 990, Part X, line 2	217					. Yes	No
b	If "Yes," explain the arrangement in Part XIV								_
Pa	rt V Endowment Funds. Complete	if organization answ	rered "Yes"	to Form 9	90, Part IV, line	e 10			
		(a) Current Year	(b) Pri	or Year	(c) Two Years E	Back	(d) Three Years Back	(e) Four Yea	rs Back
1a	Beginning of year balance								<del></del>
Ь	Contributions								
С	Investment earnings or losses			**** ****** ** **			·	<del></del>	
d	Grants or scholarships	-							
е	Other expenditures for facilities			*******	***************************	***************************************	<del>   </del>	'	<del></del>
	and programs					Ī			
f	Administrative expenses				······································	<del>"""</del>	'!! 1. 1!!.!!!!!!!	***************************************	**********
g	End of year balance					1	***************************************		***************************************
2	Provide the estimated percentage of the year e	nd balance held as	.F. / / / / / / / / / / / / / / / / / /			т.			· · · · · · · ·
а	Board designated or quasi-endowment ▶	%							
ь	Permanent endowment ▶ %	·							
c	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	on of the organizati	on that are	held and	administered fo	or the			
	organization by.	_						Yes	No
	(i) unrelated organizations	. <b></b> .						3a(i)	
	(ii) related organizations							3a(ii)	+-
Ь	If "Yes" to 3a(II), are the related organizations list							3b	
4	Describe in Part XIV the intended uses of the o							L. ————	
Par	t VI Investments - Land, Buildi	ngs, and Equip	ment. Se	e Form 99	0, Part X, line 1	10			
	Description of investment	(a) Cost or ot			t or other		Depreciation	(d) Book val	
		(investm			(other)	(4)	repreciation	(u) DOOK VAI	ue
1a	Land								
b	Buildings	1,1	141,973				99,182	1.04	2,791
c	Leasehold improvements								<del></del>
d	Equipment		140,310				57,782	Ą	2,528
е	Other STMD		7 = - 3						_, 520
otal	. Add lines 1a-1e. (Column (d) should equal Fo		ımn (B), lın	e 10(c)).		<del></del>		1.12	5,319

Part VII		rities. See Form 990, Part X, line 12	
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
Financial deri	ivatives and other financial products .		
Closely-held	equity interests		
Other			
_			
_			
_			
Total. (Column	(b) should equal Form 990, Part X, col (B) line 12	2)	
Part VIII		lated. See Form 990, Part X, line 13.	
<u> </u>	(a) Description of investment type	(b) Book value	(c) Method of valuation
	,	(2, 250, 151, 151, 151, 151, 151, 151, 151, 1	Cost or end-of-year market value
	<del>-</del>		
			<del></del>
		<del></del>	
Total. (Column)	(b) should equal Form 990, Part X, col (B) line 13  Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
			(b) Book value
		art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
	Other Assets. See Form 990, Pa	art X, line 15	(b) Book value
Part IX	Other Assets. See Form 990, Pa	art X, line 15  (a) Description	
Part IX	Other Assets. See Form 990, Pa	art X, line 15 (a) Description	
Part IX	Other Assets. See Form 990, Pa	art X, line 15  (a) Description  (b) Part X, line 25	
Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15 (a) Description	
Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
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Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
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Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
Total (Column (	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15  (a) Description  (b) Part X, line 25	
Total (Column (Part X)	(b) should equal Form 990, Part X, col (B) line 15  Other Liabilities. See Form 990,  (a) Description of liability	art X, line 15 (a) Description  (b) Amount	

Sche	dule D (Form 990) 2008 PAGE REGIONAL DOMESTIC VIOLENCE	86-0838347	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,077,608
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,097,466
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(19,858)
4	Net unrealized gains (losses) on investments	4	
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	· ·
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(19,858)
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Return	<del></del>
1	Total revenue, gains, and other support per audited financial statements		1,468,239
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<del></del>
а	Net unrealized gains on investments		
ь	Donated services and use of facilities	<u> </u>	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	390,631
3	Subtract line 2e from line 1		1,077,608
4	Amounts 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		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	1 ' 1	1,077,608
Pai	Reconciliation of Expenses per Audited Financial Statements With Expense		.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Total expenses and losses per audited financial statements		1,488,097
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		.,,
a	Donated services and use of facilities		
b	Prior year adjustments	7	
c	Losses reported on Form 990, Part IX, line 25	<b>-</b>	
d	Other (Describe in Part XIV)	$\dashv$ $\parallel$	
е	Add lines 2a through 2d		390,631
3	Subtract line 2e from line 1		1,097,466
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	-	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		1,097,466
Par	* XIV Supplemental Information	<u></u>	.,,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	b	
		<del></del>	<del></del>
	,		. <u></u>

## SCHEDULE O (Form 990)

Department of the Treasury

## 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.

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service	Form 990 or to provide any additional information.	_	inspection
Name of the organization		Employer ide	ntification number
PAGE REGIONAL DOMES	TIC VIOLENCE	86-08383	47
01. Form 990 govern	ning body review (Part VI, line 10)	_	
990 IS REVIEWED BY	THE GOVERNING BOARD AND FINANCE DIRECTOR PRIOR TO SUBMI	TTING TO	THE
GOVERNMENTS AT THEI	R MONTHLY MEETING		
02. Conflict of int	erest policy compliance (Part VI, line 12c)		
ORGANIZATION HAS A	WRITTEN CONFLICT OF INTEREST POLICY IN THE EMPLOYEE HAN	IDBOOK. I	ALL
EMPLOYEES AND DONOR	S ARE REQUIRED TO FOLLOW THE POLICY WHICH STATES NO EMP	LOYEES O	R DONORS
MAY PROFIT FROM AFF	ILIATION WITH ORGANIZATION.		
		<del> </del>	
03. CEO, executive	director, top management comp (Part VI, line 15a)		
JOB DESCRIPTION AND	MERITS DETERMINE COMPENSATION AT THE DISCRETION OF THE	GOVERNII	NG BOARD
AND EXECUTIVE DIREC	TOR		
04. Other officer o	r key employee compensation (Part VI, line 15b		
JOB DESCRIPTION AND	MERIT BASE COMPENSATION AND APPROVED BY THE GOVERNING	BOARD ANI	)
EXECUTIVE DIRECTOR.			
05. Governing docum	ents, etc, available to public (Part VI, line 19)		
DOCUMENTS ARE MADE	AVAILABLE TO THE PUBLIC UPON REQUEST AT THE HEADQUARTER	S OF THE	
ORGANIZATION.			

	Federal Supporting	Statements		2008	PG01
Name(s) as shown on return			]	EIN	
PAGE REGIONAL DOMESTIC	C VIOLENCE		ŀ	86-0	838347
FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E  INVESTMENTS - OTHER					
DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR		BOOK <u>VALUE</u>
TOTAL	0	<u> </u>		0	(