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**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**Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**For the **2008** calendar year, or tax year beginning **10/01**, **2008**, and ending **9/30**, **2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See specific instructions. <b>IA COALITION AGAINST DOMESTIC VIOLENCE</b> <b>515 28TH STREET #104</b> <b>DES MOINES, IA 50312</b>		<b>D</b> Employer Identification Number <b>42-1285094</b>	
		<b>F</b> Name and address of principal officer <b>SAME AS C ABOVE</b>		<b>E</b> Telephone number <b>(515) 244-8028</b>	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)		<b>G</b> Gross receipts \$ <b>1,728,651.</b>	
<b>J</b> Website: ▶ <b>WWW.ICADV.ORG</b>		<b>H(c)</b> Group exemption number ▶			
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation <b>1985</b>		<b>M</b> State of legal domicile <b>IA</b>	

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>TO PROVIDE ASSISTANCE AND EDUCATION TO PROGRAMS THAT SERVE BATTERED WOMEN AND THEIR CHILDREN, WORKING TO END VIOLENCE IN INTIMATE RELATIONSHIPS.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>13</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>13</b>	
	<b>5</b> Total number of employees (Part V, line 5)	<b>32</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>57</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>0.</b>	
<b>7b</b> Net unrelated business taxable income from Form 990T, line 34	<b>0.</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 8)	<b>1,918,824.</b>	<b>1,461,917.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>71,506.</b>	<b>222,043.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>180.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,108.</b>	<b>-7,632.</b>
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,994,438.</b>	<b>1,676,508.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>112,584.</b>	<b>103,287.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>918,344.</b>	<b>898,762.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>44,955.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>963,180.</b>	<b>708,473.</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,994,108.</b>	<b>1,710,522.</b>
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>330.</b>	<b>-34,014.</b>	
Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>466,277.</b>	<b>368,577.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>186,693.</b>	<b>119,976.</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>279,584.</b>	<b>248,601.</b>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Patricia Chen</i>	Date <b>7-27-10</b>
Paid Preparer's Use Only	Signature of preparer <i>Keely M. Weiner, CPA</i>	
	Date <b>7/22/10</b>	
	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>P00735844</b>	
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MERIWETHER, WILSON AND COMPANY, PLLC</b> <b>REGENCY W. 5, 4500 WESTOWN PKWY, STE 140</b> <b>WEST DES MOINES, IA 50266-6717</b>		EIN ▶ <b>42-0731256</b> Phone no ▶ <b>515-223-0002</b>

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

☒ Yes ☐ No**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.TEEA0112L 12/22/08 Form **990** (2008)

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**Part III** Statement of Program Service Accomplishments (see instructions)

1. Briefly describe the organization's mission:

TO PROVIDE ASSISTANCE AND EDUCATION TO PROGRAMS THAT SERVE BATTERED WOMEN AND THEIR CHILDREN, WORKING TO END VIOLENCE IN INTIMATE RELATIONSHIPS.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☐ No

If 'Yes,' describe these changes on Schedule O

SEE SCHEDULE O

4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 306,309. including grants of \$ ) (Revenue \$ 75,517.)

CIVIL LEGAL PROGRAM (LEGAL ASSISTANCE FOR VICTIMS PROGRAM) - PROGRAM HELPS PROVIDE LEGAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND HAS ENABLED THE COALITION TO STRENGTHEN AND INCREASE THEIR IMMIGRATION SERVICES STATEWIDE AND EXPAND THEIR FAMILY LAW REPRESENTATION TO CLIENTS IN CENTRAL IOWA.

4b (Code: ) (Expenses \$ 300,889. including grants of \$ ) (Revenue \$ )

FAMILY VIOLENCE PREVENTION AND SERVICES - PROGRAMS TO PROVIDE NETWORKING AMONG ORGANIZATIONS AND COMMITTED INDIVIDUALS TO HELP ELIMINATE VIOLENCE AGAINST WOMEN AND CHILDREN AND TO ADVOCATE FOR THE WELFARE AND PROTECTION OF DOMESTIC VIOLENCE SURVIVORS.

4c (Code: ) (Expenses \$ 275,592. including grants of \$ ) (Revenue \$ )

IMMIGRATION TECHNICAL ASSISTANCE - TO PROVIDE EXPERT IMMIGRATION TECHNICAL ASSISTANCE TO OFFICE ON VIOLENCE AGAINST WOMEN GRANTEES, SERVING AS AN INFORMATION CLEARING HOUSE FOR GRANTEES THROUGH VARIOUS CHANNELS AND TO PROVIDE TRAINING AND OTHER SERVICES.

4d Other program services. (Describe in Schedule O )

SEE SCHEDULE O

(Expenses \$ 688,173. including grants of \$ 103,287. ) (Revenue \$ 146,526. )

4e Total program service expenses ► \$ 1,570,963. (Must equal Part IX, Line 25, column (B) )

**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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
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.	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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		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		X
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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		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	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		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
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		X
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		X
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		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> 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)? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI</i>	<b>37</b>	X

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance****1 a** Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.**1 a** 2**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.**1 b** 0**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?**1 c** N/A**2 a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.**2 a** 32**2 b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?**2 b** X**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).**3 a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?**3 a** X**b** If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.**3 b****4 a** 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)?**4 a** 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.**5 a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?**5 a** X**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**5 b** 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?**5 c****6 a** Did the organization solicit any contributions that were not tax deductible?**6 a** X**b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?**6 b****7 Organizations that may receive deductible contributions under section 170(c).****a** Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?**7 a** X**b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?**7 b** X**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?**7 c** X**d** If 'Yes,' indicate the number of Forms 8282 filed during the year.**7 d****e** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**7 e** X**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**7 f** X**g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required?**7 g****h** For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?**7 h****8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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****9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.****a** Did the organization make any taxable distributions under section 4966?**9 a****b** Did the organization make any distribution to a donor, donor advisor, or related person?**9 b****10 Section 501(c)(7) organizations.** Enter**a** Initiation fees and capital contributions included on Part VIII, line 12**10 a****b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities**10 b****11 Section 501(c)(12) organizations.** Enter**a** Gross income from other members or shareholders**11 a****b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)**11 b****12 a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?**12 a****b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year**12 b**

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Form 990 (2008)

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

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.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	13	
<b>1b</b> Enter the number of voting members that are independent	13	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10</b> 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. SEE SCHEDULE O	X	
<b>11</b> 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. SEE SCHEDULE O	X	

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O (see instructions)	X	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 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    ☒ Upon 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. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ JOAN KENNEDY 515 28TH STREET #104 DES MOINES IA 50312 (515) 244-8028

**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.

- 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) or 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 compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAURIE SCHIPPER EXECUTIVE DIREC	40			X				62,927.	0.	0.
TOBBIE WALTER CHAIRMAN	0	X		X				0.	0.	0.
JOAN KENNEDY ASSIST DIRECTOR	40			X				54,870.	0.	0.
GEORGIA SPURGEON CHAIR	0	X		X				0.	0.	0.
NICHOLE BANOWETZ DIRECTOR	0	X						0.	0.	0.
DIANE MCKEE SECRETARY	0	X		X				0.	0.	0.
MIRA YUSEF DIRECTOR	0	X						0.	0.	0.
TEAMA MCGREGOR DIRECTOR	0	X						0.	0.	0.
KATHLEEN NEBEL VICE CHAIR	0	X		X				0.	0.	0.
JOHNA SULLIVAN TREASURER	0	X		X				0.	0.	0.
SUE PROCHAZKA DIRECTOR	0	X						0.	0.	0.
SHELLY MCQUEENEY DIRECTOR	0	X						0.	0.	0.
RHONDA DEAN DIRECTOR	0	X						0.	0.	0.
MARTHA ZYLSTRA DIRECTOR	0	X						0.	0.	0.
LINDA MILLER DIRECTOR	0	X						0.	0.	0.





**Part VIII 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
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 62,312.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b> 1,382,967.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 16,638.				
	<b>g</b> Noncash contrbns included in lns 1a-1f: \$	28,756.				
	<b>h Total.</b> Add lines 1a-1f.		1,461,917.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> MEMBERSHIP DUES & ASSESSMENTS	900099	26,028.	26,028.		
	<b>b</b> TRAINING, CERT, & TECH ASSIST.	900099	120,498.	120,498.		
	<b>c</b> CIVIL LEGAL PROGRAM FEES	900099	75,517.	75,517.		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f		222,043.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		180.			180.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real 9,761.				
	<b>b</b> Less: rental expenses	10,575.				
	<b>c</b> Rental income or (loss)	-814.				
	<b>d</b> Net rental income or (loss)		-814.			-814.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 62,312. of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 28,037.				
	<b>b</b> Less: direct expenses	<b>b</b> 41,568.				
	<b>c</b> Net income or (loss) from fundraising events		-13,531.			-13,531.
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS	900099	6,713.			6,713.	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		6,713.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,676,508.	222,043.	0.	-7,452.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	103,287.	103,287.		
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	124,990.	112,629.	12,361.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	644,418.	614,663.		29,755.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	68,583.	68,583.		
10 Payroll taxes	60,771.	57,722.	2,399.	650.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,814.	14,324.	490.	
d Lobbying	11,000.		11,000.	
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	179,394.	169,640.	8,754.	1,000.
12 Advertising and promotion	17,154.	9,968.	973.	6,213.
13 Office expenses	13,000.	11,767.	531.	702.
14 Information technology				
15 Royalties				
16 Occupancy	36,071.	35,364.	707.	
17 Travel	61,837.	54,927.	5,801.	1,109.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,349.		12,349.	
23 Insurance	21,038.	16,552.	4,012.	474.
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.)				
a LIVING ALLOWANCE - AMERICORPS	130,647.	125,914.	4,497.	236.
b CLIENT FEES	72,502.	72,502.		
c EQUIPMENT	33,206.	30,735.	2,471.	
d TRAINING SERVICES	31,951.	25,861.	5,952.	138.
e COMMUNICATIONS	16,253.	15,426.	339.	488.
f All other expenses	57,257.	31,099.	21,968.	4,190.
25 Total functional expenses. Add lines 1 through 24f	1,710,522.	1,570,963.	94,604.	44,955.
26 Joint Costs. Check here <input type="checkbox"/> 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				

BAA

Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	45,448.	1	61,130.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	352,594.	3	251,543.
	4 Accounts receivable, net	25,287.	4	18,942.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,474.	9	1,066.
	10a Land, buildings, and equipment cost basis	10a 103,034.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 76,571.	10c	26,463.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,033.	15	9,433.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	466,277.	16	368,577.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	72,264.	17	44,300.
	18 Grants payable		18	
	19 Deferred revenue	69,429.	19	37,143.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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	45,000.	25	38,533.
	26 <b>Total liabilities.</b> Add lines 17 through 25	186,693.	26	119,976.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	279,584.	27	248,601.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	279,584.	33	248,601.
	34 <b>Total liabilities and net assets/fund balances.</b>	466,277.	34	368,577.

**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to 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?

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?

b If 'Yes,' did the organization undergo the required audit or audits?

Yes No

2a X

2b X

2c X

3a X

3b X

BAA

Form 990 (2008)



**Part II Support Schedule for Organizations Described in Sections 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,271,534.	1,885,271.	1,657,932.	1,918,824.	1,461,917.	8,195,478.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3	1,271,534.	1,885,271.	1,657,932.	1,918,824.	1,461,917.	8,195,478.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
<b>6 Public support.</b> Subtract line 5 from line 4						8,195,478.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,271,534.	1,885,271.	1,657,932.	1,918,824.	1,461,917.	8,195,478.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			10,580.	8,952.	9,941.	29,473.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	7,860.	2,528.	10,469.	12,423.	34,750.	68,030.
<b>11 Total support.</b> Add lines 7 through 10						8,292,981.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	418,479.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.8 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	99.6 %

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported 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' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support 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. ▶ ☐

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 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. ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

**Part IV. Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part III, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]



**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**

► **To be completed by organizations described below.**

► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- 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.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ► \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b. ► \$ \_\_\_\_\_  
☐ Yes ☐ No
- 4 Did the filing organization file **Form 1120-POL** for this year?  
☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule C (Form 990 or 990-EZ) 2008**

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures –**  
**(The term 'expenditures' means amounts paid or incurred.)**

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b> Other exempt purpose expenditures		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		
If the amount on line 1e, column (a) or (b) is: <b>The lobbying nontaxable amount is</b> Not over \$500,000      20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000      \$175,000 plus 10% of the excess over \$1,000,000. 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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2008

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

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		11,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If 'Yes,' describe in Part IV SEE PART IV	X		1,538.
j Total lines 1c through 1i			12,538.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
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?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	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	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

**Part IV** Supplemental Information

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 1.  
Also, complete this part for any additional information.

**PART II-B, LINE 1I- OTHER ACTIVITIES DESCRIPTION**

THE ORGANIZATION INCURRED EXPENSES RELATED TO A LOBBY DAY EVENT. LOBBY DAY IS WHERE THE PROGRAMS AND STATE COME AND ARE EDUCATED ABOUT CURRENT LEGISLATION AND MEET WITH THEIR LEGISLATORS.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**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, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

Employer identification number

**IA COALITION AGAINST DOMESTIC VIOLENCE**

**42-1285094**

**Part I 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 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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.

b 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 the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance  
 d Additions during the year.  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,033.				
b Contributions					
c Investment earnings or losses	-350.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	250.				
g End of year balance	9,433.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100.00 %  
 b Permanent endowment ▶ %  
 c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds SEE PART XIV

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings.				
c Leasehold improvements				
d Equipment		103,034.	76,571.	26,463.
e Other				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				26,463.

BAA

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12).	1,676,508.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,710,522.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-34,014.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	3,031.
9	Total adjustments (net) Add lines 4-8	3,031.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-30,983.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,699,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	23,387.
e	Add lines 2a through 2d	2e	23,387.
3	Subtract line 2e from line 1	3	1,676,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,676,508.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,733,909.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	23,387.
e	Add lines 2a through 2d	2e	23,387.
3	Subtract line 2e from line 1	3	1,710,522.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,710,522.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 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.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUND FOR LONG TERM STABILITY AND

DECREASED DEPENDANCY ON GOVERNMENT FUNDS.

THE ENDOWMENT FUND WAS ESTABLISHED BY THE ORGANIZATION USING UNRESTRICTED FUNDS.



**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**IA COALITION AGAINST DOMESTIC VIOLENCE**

Employer identification number

**42-1285094**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Mail solicitations | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations           | <input checked="" type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations           | <input checked="" type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations       |   |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						0.

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NONE

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>ITS ABOUT TIME</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	90,349.			90,349.
	2 Less: Charitable contributions	62,312.			62,312.
	3 Gross revenue (line 1 minus line 2)	28,037.			28,037.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes	28,756.			28,756.
	6 Rent/facility costs				
	7 Other direct expenses	12,812.			12,812.
	8 Direct expense summary Add lines 4- through 7 in column (d)				41,568.
	9 Net income summary. Combine lines 3 and 8 in column (d)				-13,531.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If 'No,' Explain:

-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

b If 'Yes,' Explain

-----

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.**c** If 'Yes,' enter name and address:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

## IA COALITION AGAINST DOMESTIC VIOLENCE

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASISTA IMMIGRANT ASSISTANCE 3101 INGERSOL AVE, SUITE 210 DES MOINES, IA 50312	26-3233209	501 (C) (3)	43,307.	0.			NEW ASISTA PROGRAM
DOMESTIC VIOLENCE ALT/SA CENTER P O BOX 1507 MARSHALLTOWN, IA 50158	42-1238175	501 (C) (3)	5,511.	0.			INTEGRATED SERVICES PROJECT
UNIVERSITY OF NORTHERN IOWA 30 SABIN HALL CEDAR FALLS, IA 50614	42-6004333	GOV	19,616.	0.			INTEGRATED SERVICES PROJECT
WAYPOINT SERV. FOR WOMEN, CHILDREN 318 5TH ST SE CEDAR RAPIDS, IA 52401	42-0680307	501 (C) (3)	8,135.	0.			FLOOD ASSIST. / INT. SERVICES PROJECT
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							
- - - - - - - - - - - - - - -							

**2 Enter total number of section 501(c)(3) and government organizations**

**3 Enter total number of other organizations**

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

FOR THE INTEGRATED SERVICES PROJECT, ORGANIZATIONS RECEIVING FUNDS ATTACH SUPPORTING DOCUMENTATION TO THE CLAIM FORM. THE PROGRAM COORDINATOR IS IN CONTACT WITH THE SUBRECIPIENT ORGANIZATIONS TO ENSURE COMPLIANCE WITH THE PROGRAM REQUIREMENTS.

FOR THE FUNDS PROVIDED FOR ASISTA, THE ORGANIZATION HAD BEEN OPERATING THE ASISTA PROGRAM. AS OF 4/30/09, ASISTA BECAME ITS OWN 501(C)(3) ORGANIZATION AND IS ACTING AS AN INDEPENDENT NATIONAL ORGANIZATION. THE PROGRAM INCOME GENERATED BY THIS PROGRAM WAS PROVIDED TO THE NEW ORGANIZATION.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**IA COALITION AGAINST DOMESTIC VIOLENCE**

Employer identification number

**42-1285094**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	7	1,040.	FAIR MKT VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SILENT AUCTION ITEMS)	X	159	27,716.	FAIR MKT VALUE
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. SEE PART II

	Yes	No
30a		X
31		X
32a		X
33		

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART I - ADDITIONAL INFORMATION**

THE NUMBER OF CONTRIBUTIONS INCLUDED IN PART I COLUMN (B) ARE THE NUMBER OF  
CONTRIBUTIONS RECEIVED BY THE ORGANIZATION.

ALL NON-CASH CONTRIBUTIONS INCLUDING ARTWORK WERE RECEIVED FOR THE SILENT AUCTION  
HELD AT THE ORGANIZATION'S "IT'S ABOUT TIME" EVENT.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

THE ASISTA PROGRAM PROVIDED NATIONAL TECHNICAL ASSISTANCE AND TRAINING FOR ADVOCATES AND ATTORNEYS WORKING WITH IMMIGRANT VICTIMS OF DOMESTICE VIOLENCE, SEXUAL ASSAULT, AND STALKING. AS OF APRIL 30, 2009, ASISTA BECAME ITS OWN 501(C)(3) ORGANIZATION AND IS ACTING AS AN INDEPENDENT NATIONAL ORGANIZATION SEPERATE FROM IA COALITION AGAINST DOMESTIC VIOLENCE (ICADV). ICADV NO LONGER PROVIDES THIS SERVICE FOR THE OFFICE OF VIOLENCE AGAINST WOMEN.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

VIOLENCE AGAINST WOMEN ACT PROGRAM - PROGRAM TO PROVIDE TECHNICAL ASSISTANCE, TRAINING, AND POLICY AND SERVICE DEVELOPMENT FOR DOMESTIC VIOLENCE PROJECTS STATEWIDE.

VARIOUS OTHER PROGRAMS

INTEGRATED SERVICES - PROGAM ESTABLISHES PARTNERSHIPS BETWEEN DOMESTIC VIOLENCE PROGRAMS AND SUBSTANCE ABUSE TREATMENT AGENCIES, DEVELOPS AND PROMOTES A STRONG COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE AND EVALUATES THE INSTITUTIONAL RESPONSES OF VARIOUS PROGRAMS TO BATTERED SUBSTANCE ABUSING WOMEN BY CONDUCTING SAFETY AND ACCOUNTABILITY AUDITS.

AMERICORPS PROGRAM - PROGRAM PROVIDES FUNDING FOR AMERICORPS MEMBERS WHO PROVIDE COUNSELING, SUPPORT, AND OTHER SERVICES TO VARIOUS INDIVIDUALS AND THE COMMUNITIES IN WHICH THEY LIVE.

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

THE EXECUTIVE COMMITTEE REVIEWS THE 990, INCLUDING THE BOARD TREASURER.

**FORM 990, PART VI, LINE 11 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS**

TOBBIE WALTER - 3644 BROOK RUN DR., DES MOINES, IA 50317

KATHLEEN NEBEL - 5504 JORDAN COURT, JOHNSTON, IA 50131

DIANE MCKEE - 300 WEST BROADWAY SUITE 223, COUNCIL BLUFFS, IA 51503

JOHNA SULLIVAN - P.O. BOX 40, ADEL, IA 50003

TEAMA MCGREGOR - 3218 7TH ST, DES MOINES, IA 50313

MIRA YUSEF - 515 28TH ST SUITE 106, DES MOINES, IA 50312

NICHOLE BANOWETZ - 2826 SW TRADITION CIRCLE, ANKENY, IA 50023

SUE PROCHAZKA - P.O. BOX 494, KEOKUK, IA 52632

SHELLY MCQUEENEY - P.O. BOX 1429, AMES, IA 50014

RHONDA DEAN - P.O. BOX 996, SPENCER, IA 51301

MARTHA ZYLSTRA - 500 AVENUE WEST P.O. BOX 211, OSKALOOSA, IA 52577

LINDA MILLER - 118 E. BREMER SUITE A, P.O. BOX 784, WAVERLY, IA 50677

GEORGIA SPURGEON - P.O. BOX 657, DES MOINES, IA 50306

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST**

AS STATED IN THE BOARD OF DIRECTORS MANUAL: GOODS AND SERVICES SHALL NOT BE

PURCHASED FROM A BOARD MEMBER OF THE ORGANIZATION (ICADV) OR FROM AN ORGANIZATION

WITH WHICH THE BOARD MEMBER IS AFFILIATED UNLESS THERE IS SPECIFIC DETERMINATION

THAT THE GOODS OR SERVICES ARE NOT AVAILABLE OTHERWISE. THE BOARD MUST APPROVE ANY

TRANSACTION THAT FINANCIALLY BENEFITS A BOARD MEMBER, A BOARD MEMBER'S FAMILY, OR

ANOTHER ORGANIZATION WITH WHICH A BOARD MEMBER IS AFFILIATED IN ANY MANNER.

BOARD MEMBERS ARE EXPECTED TO MAINTAIN PROFESSIONAL RELATIONSHIPS WITH ALL ICADV

BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS AND MEMBERSHIP. PERSONAL RELATIONSHIPS OF

A ROMANTIC OR OF A FAMILY NATURE ARE EXPRESSLY FORBIDDEN BETWEEN BOARD MEMBERS OR

BETWEEN A BOARD MEMBER AND ANYONE WITHIN THE CHAIN OF ACCOUNTABILITY (EXECUTIVE

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST**

DIRECTOR, STAFF, VOLUNTEERS, MEMBERSHIP).

IN ADDITION, BOARD MEMBERS ARE EXPECTED TO DISCLOSE ANY OTHER PERSONAL OR

PROFESSIONAL RELATIONSHIP WHICH THEY BELIEVE MAY CREATE A CONFLICT OF INTEREST OR

THE APPEARANCE OF A CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST EXISTS, THE

BOARD MEMBER INVOLVED WILL ABSENT THEMSELVES FROM THE ROOM DURING THE DISCUSSION AND

THE VOTE ON ANY MATTER RELATED TO THE CONFLICT OF INTEREST.

NO MORE THAN 49% OF THE PERSONS SERVING ON THE BOARD OF DIRECTORS MAY BE AN

INTERESTED PERSON. AN INTERESTED PERSON IS ANY PERSON COMPENSATED BY ICADV FOR

SERVICES RENDERED TO IT WITHIN THE PREVIOUS 12 MONTHS, WHETHER AS A FULL-TIME OR

PART-TIME EMPLOYEE, INDEPENDENT CONTRACTOR, OR OTHERWISE, EXCLUDING ANY REASONABLE

COMPENSATION PAID TO A BOARD MEMBER AS A MEMBER.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S SALARY AND BY APPROVING THE

BUDGET, THE EXECUTIVE DIRECTOR APPROVES OTHER STAFF SALARIES. WHEN THE BOARD

APPROVES THE EXECUTIVE DIRECTOR'S SALARY, A SALARY SURVEY, PREPARED BY ANOTHER

ORGANIZATION, IS MADE AVAILABLE TO THEM.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE

ON THE ORGANIZATION'S WEB SITE.

2008

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 144550

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

7/21/10

04:55PM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER	6,713.	4,108.	10,469.	2,528.	7,860.
FUNDRAISING EVENTS	28,037.	8,315.			
TOTAL	<u>\$ 34,750.</u>	<u>\$ 12,423.</u>	<u>\$ 10,469.</u>	<u>\$ 2,528.</u>	<u>\$ 7,860.</u>

2008

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION** **PAGE 6**

CLIENT 144550

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

7/21/10

04:55PM

**SCHEDULE D, PART XI, LINE 8**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CAPITAL ACQUISITIONS ACQ WITH GRANT FUNDING	\$	3,031.
TOTAL	\$	<u>3,031.</u>

**SCHEDULE D, PART XII, LINE 2D**  
**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

EVENT EXPENSE NETTED AGAINST REVENUE	\$	12,812.
RENT EXPENSE NETTED WITH RENTAL INCOME		<u>10,575.</u>
TOTAL	\$	<u>23,387.</u>

**SCHEDULE D, PART XIII, LINE 2D**  
**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

EVENT EXPENSE NETTED AGAINST REVENUE	\$	12,812.
RENT EXPENSE NETTED WITH RENTAL INCOME		<u>10,575.</u>
TOTAL	\$	<u>23,387.</u>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	IA COALITION AGAINST DOMESTIC VIOLENCE	42-1285094
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	515 28TH STREET #104	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DES MOINES, IA 50312	

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

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

- The books are in the care of ▶ LAURIE SCHIPPER, EXEC. DIRECTOR

Telephone No. ▶ 515-244-8028 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20\_\_\_\_ or  
 ▶ ☒ tax year beginning 10/01, 20 08, and ending 9/30, 20 09

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


<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)

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

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

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	IA COALITION AGAINST DOMESTIC VIOLENCE		42-1285094
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WEST DES MOINES, IA 50266-6717		

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

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

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

- The books are in care of JOAN KENNEDY
- Telephone No 515-244-8028 FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 8/15, 20 10
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01, 20 08, and ending 9/30, 20 09.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL AUDIT AND GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

**Signature and Verification**

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

Signature Kelly M Merrett Title CPA Date 5/7/10