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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01/08 , and ending 9/30/09

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **634 SW HARRISON ST** Room/suite

City or town, state or country, and ZIP + 4 **TOPEKA KS 66603**

D Employer identification number **48-1010928**

E Telephone number **785-232-9784**

G Gross receipts $ **3,861,985**

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.kcsdv.org**

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1982**

M State of legal domicile: **KS**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE UNITES DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS ACROSS KANSAS FOR THE PURPOSE OF PROVIDING HOTLINES, CRISIS INTERVENTION, SHELTER FROM ABUSE, AND OUTREACH

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of employees (Part V, line 2a)	5	35
6 Total number of volunteers (estimate if necessary)	6	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

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Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,376,135	3,813,580
9 Program service revenue (Part VIII, line 2g)	35,850	27,695
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,036	20,710
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,437,021	3,861,985

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,635,388	1,804,863
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,222,190	1,487,801
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	577,373	582,183
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,434,951	3,874,847
19 Revenue less expenses. Subtract line 18 from line 12	2,070	-12,862

Net Assets or Fund Balances

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	56,359	43,139
21 Total liabilities (Part X, line 26)	28,682	28,324
22 Net assets or fund balances. Subtract line 21 from line 20	27,677	14,815

Part II Signature Block

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

Sign Here

▶ Sarah Terwelp Signature of officer Date 4/19/10

▶ Sarah Terwelp, President Type or print name and title

Paid Preparer's Use Only

Preparer's signature Terry Cummins Date 4/2/10 Check if self-employed ▶ ☐ Preparer's identifying number (see instructions) 511-42-3929

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CUMMINS & COFFMAN, CPA's, P.A.
3706 SW TOPEKA BLVD STE 302
TOPEKA, KS 66609-1239

EIN ▶ 48-0910030

Phone no ▶ 785-267-2030

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

DAA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

SCANNED MAY 21 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE UNITES DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS ACROSS KANSAS FOR THE PURPOSE OF PROVIDING HOTLINES, CRISIS INTERVENTION,SHELTER FROM ABUSE, AND OUTREACH

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.

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 $ 3,734,846 including grants of $ 1,804,863) (Revenue $)

PROVIDES STATEWIDE TRAINING, REFERRAL, SUPPORT SERVICES, AND ACCREDITATION FOR SEXUAL AND DOMESTIC VIOLENCE PROGRAMS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code.) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,734,846 (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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	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	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		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	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		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	26		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	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
2a	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	2a	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	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)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
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		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 4		
b	Enter the number of voting members that are independent	1b 4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X	

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SANDRA BARNETT 634 SW HARRISON ST TOPEKA KS 66603 785-232-9784

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) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not 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			
SANDRA BARNETT EXEC DIRECT				X				73,186	0	0
SEE STATEMENT ATTACHED								0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
1b Total ▶								73,186		

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,811,856			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,724			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f	▶	3,813,580			
Program Service Revenue		Busn. Code				
	2a MEMBERSHIPS & ACCREDITATION		27,695	27,695		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f	▶	27,695			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶				
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Busn. Code				
	11a MISCELLANEOUS RECEIPTS		15,365	15,365		
	b QUALIFIED SPONSORSHIPS		5,345	5,345		
	c					
	d All other revenue					
	e Total. Add lines 11a–11d	▶	20,710			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	3,861,985	48,405	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	1,804,863	1,804,863		
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	73,186	68,063	5,123	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,135,890	1,056,378	79,512	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,235	51,369	3,866	
9 Other employee benefits	131,514	122,308	9,206	
10 Payroll taxes	91,976	85,537	6,439	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,581	1,470	111	
13 Office expenses	9,758	9,075	683	
14 Information technology				
15 Royalties				
16 Occupancy	100,000	93,000	7,000	
17 Travel	103,273	96,044	7,229	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,806	21,210	1,596	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,221	4,855	366	
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 TRAINING	101,004	93,934	7,070	
b MASS MEDIA	49,938	46,442	3,496	
c OTHER PROFESSIONAL FEES	47,951	47,951		
d DUES AND SUBSCRIPTION	35,733	33,232	2,501	
e MINOR EQUIPMENT EXPENSES	25,148	25,148		
f All other expenses	79,770	73,967	5,803	
25 Total functional expenses. Add lines 1 through 24f	3,874,847	3,734,846	140,001	
26 Joint Costs. Check here ▶ ☐ 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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1	
	2	Savings and temporary cash investments	55,105	2	41,851
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation Complete Part VI of Schedule D 10b		10c	
	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	1,254	15	1,288
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	56,359	16	43,139
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	28,682	25	28,324
	26	**Total liabilities.** Add lines 17 through 25	28,682	26	28,324
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	27,677	32	14,815
	33	Total net assets or fund balances	27,677	33	14,815
	34	Total liabilities and net assets/fund balances	56,359	34	43,139

Part XI Financial Statements and Reporting

			Yes	No
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?		X
b		Were the organization's financial statements audited by an independent accountant?	X	
c		If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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?	X	
b		If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate Instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number 48-1010928

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally Integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,438,060	2,687,212	3,198,544	3,195,924	3,404,185	14,923,925
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	2,438,060	2,687,212	3,198,544	3,195,924	3,404,185	14,923,925
5 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)						
6 **Public support.** Subtract line 5 from line 4						14,923,925

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,438,060	2,687,212	3,198,544	3,195,924	3,404,185	14,923,925
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,653		1,969	1,163	4,785
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	29,842	42,887	34,953	35,604	31,673	174,959
11 **Total support.** Add lines 7 through 10						15,103,669

12 Gross receipts from related activities, etc (see instructions) 12

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

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.8099 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.8118 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and 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 year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's 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

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

Section D. Computation of Investment Income Percentage

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

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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

ACCREDITATION FEES	$	15,800
MISCELLANEOUS	$	39,668
CONFERENCE/TRAINING FEES	$	25,284
QUALIFIED SPONSORSHIPS	$	72,686
KANSAS LEGAL ASSISTANCE PROJECT	$	21,521

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number
48-1010928

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).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

3 Number of conservation easements modified, 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 easements 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 section 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, 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _ _ _ _%
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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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				
e Other				
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED FRINGE BENEFITS	25,914
PAYROLL TAXES PAYABLE	2,410
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	28,324

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	3,861,985
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,874,847
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-12,862
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-12,862

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	3,861,985
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)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,861,985
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment 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 1, line 12)			5	3,861,985

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

1	Total expenses and losses per audited financial statements			1	3,874,847
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)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,874,847
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment 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	3,874,847

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 XIV Supplemental Information (continued)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number 48-1010928

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? ☒ Yes ☐ No

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 ▶ ☐

1 (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
DOVES PO BOX 262 ATCHISON KS 66002	48-1068523	3	59,549				OARS GRNT SEE PT IV
CRISIS CENTER OF DODGE CITY PO BOX 1173 DODGE CITY KS 67801	48-0975166	3	25,958				OARS GRNT SEE PT IV
SOS, INC. PO BOX 1191 EMPORIA KS 66801	48-0912446	3	40,872				OARS GRNT SEE PT IV
FAMILIY CRISIS SERVICES INC 106 W FULTON GARDEN CITY KS 67846	48-0949166	3	24,663				OARS GRNT SEE PT IV
FAMILY CRISIS CENTER, INC. 1105 MAIN ST STE D GREAT BEND KS 67530	48-0935059	3	39,906				OARS GRNT SEE PT IV
SEXUAL ASSAULT/DOMESTIC VIOLENCE 335 N WASHINGTON STE 240 HUTCHINSON KS 67501	48-0936478	3	75,412				OARTS GRNT SEE PT IV
FRIENDS OF YATES/WILLIAMS CTR 1418 GARFIELD KANSAS CITY KS 66104	48-0908425	3	93,544				OARS GRNT SEE PT IV
SAFE HOMES, INC. PO BOX 621 WINFIELD KS 67156	48-1043062	3	29,471				OARS GRNT SEE PT IV
WOMEN'S TRANSITIONAL CARE SVCS PO BOX 633 LAWRENCE KS 66044	48-0853356	3	60,752				OARS GRNT SEE PT IV

2 Enter total number of section 501(c)(3) and government organizations ▶ 40

3 Enter total number of other organizations ▶ 3

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 - Procedures for Monitoring the Use of Grant Funds

SUB-RECIPIENTS SEND A REPORT & SUPPORTING INVOICES AND DOCUMENTATION ON A MONTHLY BASIS REQUESTING PAYMENT FROM KCSDV. DIRECTOR OF FINANCE AND ADMINISTRATION OF KCSDV EXAMINES AND REVIEWS THE REPORT & INVOICES/ SUPPORT TO MAKE SURE THAT THE PAYMENT REQUESTED IS PROPER.

Part IV - Additional Information

OARS GRANT PURPOSES - ALL SUB-RECIPIENTS ARE COMMUNITY AGENCIES THAT WORK WITH SRS TO PROVIDE DIRECT SERVICES FOR VICTIMS OF SEXUAL AND DOMESTIC VIOLENCE WHO ARE TAF RECIPIENTS.

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.

DELTA GRANT PURPOSE - SOS, INC AND CCHH ARE COMMUNITY AGENCIES AND FUNDS SUPPORT STAFF TIME TO PROIVDE PRIMARY PREVENTION EDUCATION IN THEIR COMMUNITIES. WICHITA STATE UNIVERSITY CENTER FOR COMMUNITY RESEARCH AND SERVICES PROVIDES ASSESSMENT AND EVALUATION SERVICES TO THE PROJECT.

VAD GRANT - KACIL AND KDHE (OFFICE OF HEALTH PROMOTION) ARE PARTNERS ON THE GRANT AND THE FUNDS PROVIDE SUPPORT FOR THEIR STAFF TIME DEVOTED TO THE PROJECT FOR ALL GRANT ACTIVITES. OCCK AND DVACK IN SALINA, AND ILRC, WASAC, AND CCHH IN WICHITA PROVIDE DIRECT SERVICES IN THEIR RESPECTIVE

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.

COMMUNITIES TO VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE WHO ARE PERSONS WITH DISABILITIES AND THE GRANT FUNDS SUPPORT THEIR COLLABORATIVE PARTICIPATION IN THE PROJECT.

RURAL SRS GRANT - SRS IS A PARTNER ON THE GRANT AND THE FUNDS PROVIDE SUPPORT FOR THEIR STAFF TIME DEVOTED TO CHILD WELFARE PROJECT GOAL OF THE GRANT.

JAG GRANT - THESE FUNDS SUPPORT THE FAMILY PEACE INITIATIVE PROJECT WHEN THE ORIGINAL SOURCE FUNDING WAS CUT.

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.

ALTERNATIVES TO BATTERING - THE FUNDS SUPPORT A COMMUNITY PILOT PROJECT (FAMILY PEACE INITIATIVE) TO PROVIDE BATTERER INTERVENTION PROGRAMMING TO PERPETRATORS RECENTLY RELEASED FROM STATE FACILITIES.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number 48-1010928

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALLIANCE AGAINST FAMILY VIOLENCE PO BOX 465 LEAVENWORTH KS 66048	48-0975872	3	37,842				OARS GRNT SEE PT IV
LIBERAL AREA RAPE CRISIS & DV SVC 909 N CLAY AVE LIBERAL KS 67901	48-0934788	3	36,145				OARS GRNT SEE PT IV
THE CRISIS CENTER, INC. PO BOX 1526 MANHATTAN KS 66505	48-0892579	3	79,446				OARS GRNT SEE PT IV
SAFEHOME PO BOX 4563 OVERLAND PARK KS 66204	48-0917798	3	95,761				OARS GRNT SEE PT IV
CRISIS RESOURCE CTR OF SE KS 669 S 69 HWY PITTSBURG KS 66762	48-0887160	3	77,282				OARS GRNT SEE PT IV
DVACK PO BOX 1854 SALINA KS 67402	48-0903329	3	67,555				OARS GRNT SEE PT IV
YWCA CENTER FOR SAFETY & EMPOWERMEN 225 SW 12TH TOPEKA KS 66612	48-0556758	3	82,906				OARS GRNT SEE PT IV
CATHOLIC CHARITIES HARBOR HOUSE 532 N BROADWAY ST WICHITA KS 67214	48-0543703	3	136,618				OARS GRNT SEE PT IV
WICHITA AREA SEXUAL ASSAULT CTR 355 N WACO STE 100 WICHITA KS 67202	48-0861281	3	43,073				OARS GRNT SEE PT IV
HARVEY COUNTY DV/SA PO BOX 942 NEWTON KS 67114	73-1361495	3	32,514				OARS GRNT SEE PT IV
HOPE UNLIMITED PO BOX 12 IOLA KS 66749	48-0988579	3	36,984				OARS GRNT SEE PT IV

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number 48-1010928

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NWKS DOMESTIC & SEXUAL VIOLENCE PO BOX 284 HAYS KS 67601	48-0976868	3	52,861				OARS GRNT SEE PT IV
CATHOLIC CHARITIES HARBOR HOUSE 532 NORTH BROADWAY WICHITA KS 67214	48-0543703	3	41,301				CDC/DELTA SEE PT IV
SOS, INC PO BOX 1191 EMPORIA KS 66801	48-0912446	3	51,347				CDC/DELTA SEE PT IV
WICHITA STATE UNIV 1845 N FAIRMONT WICHITA KS 67260	48-6029925		55,750				CDC/DELTA SEE PT IV
DVACK PO BOX 1854 SALINA KS 67402	48-0903329	3	15,000				VAD GRNT SEE PT IV
CATHOLIC CHARITIES HARBOR HOUSE 532 NORTH BROADWAY WICHITA KS 67214	48-0543703	3	15,000				VAD GRNT SEE PT IV
INDEPENDENT RESOURCE LIVING CENTER 3033 W 2ND ST N. WICHITA KS 67203	48-0955879	3	15,000				VAD GRNT SEE PT IV
KS ASSN OF CENTERS (KACIL) 214 SW 6TH ST TOPEKA KS 66603	48-1011568	3	81,334				VAD GRNT SEE PT IV
BUREAU OF HEALTH PROMOTION 1000 SW JACKSON STE 230 TOPEKA KS 66612	48-6029925		67,132				VAD GRNT SEE PT IV
WICHITA AREA SEXUAL ASSAULT CTR 355 N WACO STE 100 WICHITA KS 67202	48-0861281	3	15,000				VAD GRNT SEE PT IV
OCCK, INC 1710 W. SHILLING ROAD SALINA KS 67401	48-1251313	3	15,000				VAD GRNT SEE PT IV

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number 48-1010928

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STATE OF KS SRS 915 SW HARRISON ST TOPEKA KS 66612	48-1124839		59,908				RURAL SRS SEE PT IV
YWCA BATTERED WOMEN'S TASK FORCE 225 SW 12TH ST TOPEKA KS 66612	48-0556758	3	63,119				ALTERNATIVES - PT IV
SOS, INC PO BOX 1191 EMPORIA KS 66801	48-0912446	3	9,770				ALLSTATE SEE PT IV
WOMEN'S TRANSITIONAL CARE SVCS PO BOX 633 LAWRENCE KS 66044	48-0853356	3	18,178				ALLSTATE SEE PT IV
SAFEHOME PO BOX 4563 OVERLAND PARK KS 66204	48-0917798	3	12,684				ALLSTATE SEE PT IV
STEPSTONE 1329 S BLUFFVIEW WICHITA KS 67218	48-1251656	3	6,022				ALLSTATE SEE PT IV
YWCA BATTERED WOMEN'S TASK FORCE 225 SW 12TH ST TOPEKA KS 66612	48-0556758	3	29,146				JAG GRNT SEE PT IV

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(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

DAA

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: KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

Employer identification number: 48-1010928

Form 990 - Organization's Mission or Most Significant Activities

COUNSELING.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

THE RETURN IS REVIEWED PRIOR TO SIGNING AND MAILING

Form 990, Part VI, Line 11 - Officers Who Cannot Be Reached

SARAH TERWELP
PO BOX 633
LAWRENCE, KS 66044

KATHY WILLIAMS
355 N WACO, STE 100
WICHITA, KS 67202

SUSAN MORAN
PO BOX 1191
EMPORIA, KS 66801

LISA O'DELL DAVIS
532 N. BROADWAY ST.
WICHITA, KS 67214

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE EXECUTIVE DIRECTOR MONITORS CONFLICT ISSUES CLOSELY ON AN ONGOING

Name of the organization: KANSAS COALITION AGAINST SEXUAL

Employer identification number: 48-1010928

BASIS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

BOARD REVIEWS COMPENSATION ON AN ANNUAL BASIS

Form 990, Part VI, Line 15b - Compensation Process for Officers

BOARD REVIEWS COMPENSATION ON AN ANNUAL BASIS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

FORM 1023 - LETTER IS PROVIDED THAT CONFIRMS THE 501(C)(3) STATUS WAS GRANTED.

FORM 990 - AVAILABLE ON THE "GUIDESTAR" WEBSITE.

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS & CONFLICT OF INTEREST POLICY - ARE AVAILABLE UPON REQUEST AT PHYSICAL LOCATION OF KCSDV.

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIP RENTAL & MAINTENANC	$ 24,922	$ 23,177	$ 1,745	$
TELEPHONE	14,232	13,236	996	
OTHER PROGRAM EXPENSES	12,674	12,674		
ACCREDIDATION EXP	6,286	5,846	440	
MISC. EXP	5,627	5,233	394	
COPYING/PRINTING	5,284	4,914	370	
POSTAGE	3,047	2,834	213	
PRINT/COPY	2,613	2,430	183	
RESERVES	1,781	1,656	125	
BANK FEES	1,356	1,261	95	
ADMIN OVERHEAD	1,188		1,188	
MISC CONTRACT EXP	393	365	28	
LIBRARY EXPENSE	356	331	25	
EMPLOYEE FUND	11	10	1	
Total	$ 79,770	$ 73,967	$ 5,803	$ 0

Kansas Coalition Against Sexual and Domestic Violence
Board of Directors October 08 – February 09
Program Council Representatives March 09 – September 09 PBC

October 08 – February 09 Governance Committee:

President	Vice President Advocacy	Vice President Program	Secretary/Treasurer
Sarah Terwelp	Kathy Williams	Susan Moran	Lisa O'Dell Davis
WTCS	WASAC	SOS, Inc.	Catholic Charities
Lawrence KS	Wichita KS	Emporia KS	Wichita KS

Sherry Dunn
DoVES
PO Box 262
Atchison, KS 66002
913-367-0365

Brekk Schoonover
Crisis Center of Dodge City
PO Box 1173
Dodge City, KS 67801
620-225-6987

Darla Carter
Family Life Center
PO Box 735
El Dorado, KS 67042
316-321-7104

Susan Moran
SOS, Inc.
PO Box 1191
Emporia, KS 66801
620-343.8799

Lana Christensen
Family Crisis Services
PO Box 1092
Garden City, KS 67846
620 275 2018

Laura Patzner
Family Crisis Center
PO Box 1543
Great Bend, KS 67530
620.793.1965

Charlotte Linsner
NW KS Domestic & Sexual Violence Services
PO Box 284
Hays, KS 67601
785.625.4202

Candace Anderson Dixon
DV and SA Center
3345 N Washington, Ste 240
Hutchinson, KS 67501
620.665.3630

Dorothy Sparks
Hope Unlimited
PO Box 12
Iola, KS 66749
620.365.7566

Elena Morales
¡si Se Puede!
El Centro, Inc.
650 Minnesota Ave
Kansas City, KS 66101
913.281.1186

LaDora Lattimore
Friends of Yates
1418 Garfield
Kansas City, KS 66104
913.321.1566

Doug Riley
KCAVP
PO Box 411211
Kansas City, MO 64141
816 561.0550

Palle Rilinger
MOCSA
3217 Broadway
Kansas City, MO 64111
816.931.4527

Sarah Jane Russell
GaDuGi Safe Center
2518 Ridge Ct. #202
Lawrence, KS 66046
785 843.8985

Michelle Bible
Women's Transitional Care Services
PO Box 633
Lawrence, KS 66044
785.865.3956

Kay Andersen
Alliance Against Family Violence
PO Box 465
Leavenworth, KS 66048
913.682.1752

Hope Alvarez
Liberal Area Rape and DV Services
909 N Clay Ave
Liberal, KS 67901
620.624.8818

Debi Holcomb
Crisis Center, Inc.
PO Box 1526
Manhattan, KS 66502
785.539.7935

Adele Thomas
Prairie Band Potawatomie
Family Violence Prevention Program
15434 K Road
Mayetta, KS
888.966.2932

Jan Jones
Harvey County DV/ SA Task Force
PO Box 942
Newton, KS 67114
316.284.6920

Sharon Katz
Safehome, Inc.
PO Box 4563
Overland Park, KS 66204
913.432.9300

Rebecca Reedy
Crisis Resource Center of SE KS
669 S 69 Hwy.
Pittsburg, KS 66762
620.231.8692

Andrea Quill
DV Assoc of Central Kansas
Box 1854
Salina, KS 67402
785.827 5862

Eileen Doran
YWCA Battered Women Task Force
225 SW 12th St
Topeka, KS 66612
785.354.7927

Pennie Noyes
DOVES of Grant County
PO Box 563
Ulysses, KS 67880
620.356.1049

Sheri Bent
Catholic Charities Harbor House
532 N Broadway
Wichita, KS 67214
316.264.8344

Kit Lambertz
StepStone
1329 Bluffview
Wichita, KS 67218
316.265.1611

Kathy Williams
Wichita Area Sexual Assault Center
355 N Waco, Suite 100
Wichita, KS 67202
316.263 0185

Janeen McGee
YWCA Women's Crisis Center
PO Box 1740
Wichita, KS 67201
316.263.7501

Linda Watson
Safe Homes, Inc
PO Box 181
Winfield, KS 67156
620.221.7300

TERMS OF DIRECTORS
DO NOT EXPIRE

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

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

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

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

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

Type or print
File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
KANSAS COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE	48-1010928

Number, street, and room or suite no. If a P.O. box, see instructions.
634 SW HARRISON ST

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
TOPEKA KS 66603

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ SANDRA BARNETT

Telephone No. ▶ 785-232-9784 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 5/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ [ ] calendar year or
▶ [X] tax year beginning 10/01/08, and ending 9/30/09.

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

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

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.

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

DAA

CERTIFIED MAIL 7007 0710 0002 5453 5114