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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)

OMB No. 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

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 ALABAMA COALITION AGAINST DOMESTIC VIOLENCE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4762 City or town, state or country, and ZIP + 4 MONTGOMERY, AL 36101	D Employer identification number 63-0907890 E Telephone number 334-832-4842 G Gross receipts \$ 2,587,455. 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.ACADV.ORG K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
		L Year of formation: 1985 M State of legal domicile: AL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: O WORK TOWARDS THE CREATION OF A SOCIETY IN WHICH DOMESTIC VIOLENCE WILL NO LONGER EXIST. 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 14 6 Total number of volunteers (estimate if necessary) 2 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. b Net unrelated business taxable income from Form 990-T, line 34 0.	36 36 14 2 0. 0.												
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 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) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>3,094,070.</td> <td>2,543,794.</td> </tr> <tr> <td>29,721.</td> <td>19,790.</td> </tr> <tr> <td></td> <td>-14,827.</td> </tr> <tr> <td>1,145.</td> <td>23,871.</td> </tr> <tr> <td>3,124,936.</td> <td>2,572,628.</td> </tr> </tbody> </table>	Prior Year	Current Year	3,094,070.	2,543,794.	29,721.	19,790.		-14,827.	1,145.	23,871.	3,124,936.	2,572,628.
Prior Year	Current Year													
3,094,070.	2,543,794.													
29,721.	19,790.													
	-14,827.													
1,145.	23,871.													
3,124,936.	2,572,628.													
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 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) 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses - Subtract line 18 from line 12	<table border="1" style="width:100%"> <tbody> <tr> <td>1,204,216.</td> <td>1,125,547.</td> </tr> <tr> <td>597,664.</td> <td>756,791.</td> </tr> <tr> <td>1,387,424.</td> <td>672,906.</td> </tr> <tr> <td>3,189,304.</td> <td>2,555,244.</td> </tr> <tr> <td>-64,368.</td> <td>17,384.</td> </tr> </tbody> </table>	1,204,216.	1,125,547.	597,664.	756,791.	1,387,424.	672,906.	3,189,304.	2,555,244.	-64,368.	17,384.		
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances - Subtract line 21 from line 20	<table border="1" style="width:100%"> <thead> <tr> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>494,648.</td> <td>380,564.</td> </tr> <tr> <td>540,072.</td> <td>408,604.</td> </tr> <tr> <td>-45,424.</td> <td>-28,040.</td> </tr> </tbody> </table>	Beginning of Year	End of Year	494,648.	380,564.	540,072.	408,604.	-45,424.	-28,040.				
Beginning of Year	End of Year													
494,648.	380,564.													
540,072.	408,604.													
-45,424.	-28,040.													

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	Signature of officer: <u><i>Carol Gundlach</i></u> CAROL GUNDLACH, EXECUTIVE DIRECTOR Type or print name and title	Date: <u>5/6/10</u>
Paid Preparer's Use Only	Preparer's signature: <u><i>Wilson Price</i></u> Firm's name (or yours if self-employed), address, and ZIP + 4: WILSON PRICE CPA 3815 INTERSTATE CT. MONTGOMERY, AL 36109	Date: <u>5-6-10</u> Check if self-employed: ☐ Preparer's identifying number (see instructions): P00848736 EIN: 72-1341561 Phone no.: (334) 271-2200

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

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ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
**TO WORK TOWARDS THE CREATION OF A SOCIETY IN WHICH DOMESTIC VIOLENCE
WILL NO LONGER EXIST.**

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 \$ 495,000. including grants of \$) (Revenue \$)
**DISTRIBUTION OF THE STATE OF ALABAMA GENERAL FUND ALLOCATION TO VARIOUS
ABUSE SHELTERS WHICH PROVIDES SERVICES TO VICTIMS OF DOMESTIC VIOLENCE.**

4b (Code) (Expenses \$ 1,696,067. including grants of \$) (Revenue \$)
**OTHER GRANTS ALLOWED THE COALITION TO PROVIDE SERVICES SUCH AS A CRISIS
LINE, COMPUTER CONFERENCES, DEVELOPMENT OF A COORDINATED COMMUNITY
RESPONSE, OUTREACH AND PREVENTION AND EDUCATION OF AND ABOUT DOMESTIC
VIOLENCE.**

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 \$ 2,191,067. (Must equal Part IX, Line 25, column (B))

Form 990 (2008)

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

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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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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 ? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Form 990 (2008)

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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)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
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>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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>	34	X
35 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>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form **990** (2008)

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

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**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

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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
<i>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.</i>		
1a Enter the number of voting members of the governing body	36	
1b Enter the number of voting members that are independent	36	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		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?		
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	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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		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		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		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?		

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 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CAROL GUNDLACH - 334-832-4842**
P.O. BOX 4762, MONTGOMERY, AL 36101

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VIOLENCE, INC.**

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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			
JAN INGLE HULSEY MEMBER		X						0.	0.	0.
JOANN KEENE MEMBER		X						0.	0.	0.
SUSANNA NAISBETT VICE PRESIDENT		X		X				0.	0.	0.
CONNIE MCPHERSON MEMBER		X						0.	0.	0.
LISA STEPHENS MEMBER		X						0.	0.	0.
CAROLYN M. PLAYER MEMBER		X						0.	0.	0.
JANET GABEL MEMBER		X						0.	0.	0.
CINDI STEWART MEMBER		X						0.	0.	0.
KAREN SELLERS MEMBER		X						0.	0.	0.
KATHY JONES MEMBER		X						0.	0.	0.
BEVERLY S YOUSE MEMBER		X						0.	0.	0.
RAMONA NALL SECRETARY		X		X				0.	0.	0.
AMANDA CARMICHAEL MEMBER		X						0.	0.	0.
JENNIFER CARAWAY MEMBER		X						0.	0.	0.
JERRY SOMMER MEMBER		X						0.	0.	0.
RHYON ERVIN MEMBER		X						0.	0.	0.
KENOSHA DAVENPORT MEMBER		X						0.	0.	0.

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

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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			
DONNA JACOBS MEMBER		X						0.	0.	0.
DEBORAH HOOKS MEMBER		X						0.	0.	0.
BEVERLY JAYNES MEMBER		X						0.	0.	0.
TONIE TORRANS MEMBER		X						0.	0.	0.
MARTHA SALTER PRESIDENT		X		X				0.	0.	0.
RACHEL CABANISS MEMBER		X						0.	0.	0.
DARLENE BALLARD TREASURER		X		X				0.	0.	0.
SUSAN SHIPMAN TREASURER		X		X				0.	0.	0.
LISA CLARK MEMBER		X						0.	0.	0.
VALERIE MCLAIN MEMBER		X						0.	0.	0.
1b Total								69,874.	0.	2,096.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **NONE**

(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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Form 990 (2008)

63-0907890 Page **9**

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	1 a Federated campaigns	1a					
	b Membership dues	1b	27,901.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2421785.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	94,108.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2,543,794.			
Program Service Revenue	2 a CONFERENCE REGISTRATIO	Business Code	900099	19,790.	19,790.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			19,790.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less. cost or other basis and sales expenses			14,827.				
c Gain or (loss)			-14,827.				
d Net gain or (loss)				-14,827.	-14,827.		
8 a 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							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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			Business Code				
11 a MISCELLANEOUS		900099	23,871.	23,871.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			23,871.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,572,628.	28,834.	0.	0.	

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Form 990 (2008)

63-0907890 Page **10**

Part IX Statement of Functional Expenses

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

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	1,125,547.	1,125,547.		
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	71,970.	36,259.	35,711.	
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	541,031.	350,260.	190,771.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,858.	9,999.	5,859.	
9 Other employee benefits	74,342.	46,875.	27,467.	
10 Payroll taxes	53,590.	33,791.	19,799.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,000.	10,000.	10,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	38,085.	34,260.	3,825.	
12 Advertising and promotion				
13 Office expenses	68,499.	53,363.	15,136.	
14 Information technology				
15 Royalties				
16 Occupancy	58,578.	44,109.	14,469.	
17 Travel	153,443.	145,069.	8,374.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,959.	13,959.		
20 Interest	5,200.	1,456.	3,744.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,628.	16,159.	9,469.	
23 Insurance	5,411.		5,411.	
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 ASSISTANCE TO VICTIMS	206,023.	206,023.		
b TRAINING	40,358.	40,358.		
c DUES & SUBSCRIPTIONS	18,048.	9,024.	9,024.	
d REPAIRS AND MAINTENANCE	14,399.	14,399.		
e MISCELLANEOUS	5,275.	157.	5,118.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,555,244.	2,191,067.	364,177.	0.
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				

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,105.	1	8,166.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	400,234.	3	237,926.
	4 Accounts receivable, net	13,568.	4	21,215.
	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	3,412.	9	1,927.
	10a Land, buildings, and equipment cost basis	234,855.		
	b Less accumulated depreciation Complete Part VI of Schedule D	123,737.	10c	111,118.
	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	0.	15	212.
16 Total assets. Add lines 1 through 15 (must equal line 34)	494,648.	16	380,564.	
Liabilities	17 Accounts payable and accrued expenses	486,614.	17	322,639.
	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	52,262.	23	85,965.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	1,196.	25	0.
	26 Total liabilities. Add lines 17 through 25	540,072.	26	408,604.
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	-45,424.	27	-28,040.
	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		32	
	33 Total net assets or fund balances	-45,424.	33	-28,040.
	34 Total liabilities and net assets/fund balances	494,648.	34	380,564.

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 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?

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	

ALABAMA COALITION AGAINST DOMESTIC

Schedule A (Form 990 or 990-EZ) 2008 **VIOLENCE, INC.**

63-0907890 Page 2

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.")	3110604.	3151332.	3052821.	3130501.	2548594.	14993852.
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	3110604.	3151332.	3052821.	3130501.	2548594.	14993852.
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						14993852.

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	3110604.	3151332.	3052821.	3130501.	2548594.	14993852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)	43,675.	7,510.	32,665.	5,135.	43,662.	132,647.
11 Total support. Add lines 7 through 10						15126499.
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	99.12	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.63	%
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 ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2008

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 ► ☐

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2008

Open to Public
Inspection

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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	ALABAMA COALITION AGAINST DOMESTIC VIOLENCE, INC.	Employer identification number	63-0907890
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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 ► \$ _____
- 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 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-

ALABAMA COALITION AGAINST DOMESTIC

Schedule C (Form 990 or 990-EZ) 2008

VIOLENCE, INC.

63-0907890 Page 2

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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,121.													
c Total lobbying expenditures (add lines 1a and 1b)		5,121.													
d Other exempt purpose expenditures		2,550,123.													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,555,244.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		277,762.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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														
g Grassroots nontaxable amount (enter 25% of line 1f)		69,441.													
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		0.													
j 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?			☐ Yes ☐ 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	309,594.	301,048.	309,465.	277,762.	1,197,869.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,796,804.
c Total lobbying expenditures	2,530.	2,035.	8,470.	5,121.	18,156.
d Grassroots non-taxable amount	77,399.	75,262.	77,366.	69,441.	299,468.
e Grassroots ceiling amount (150% of line 2d, column (e))					449,202.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Schedule C (Form 990 or 990-EZ) 2008

63-0907890 Page 3

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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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

Schedule C (Form 990 or 990-EZ) 2008

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

2008Open to Public
InspectionName of the organization **ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**Employer identification number
63-0907890**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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ 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	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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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
- (i) unrelated organizations

(ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 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		234,855.	123,737.	111,118.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				111,118.

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Schedule D (Form 990) 2008

63-0907890 Page **3**

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. (Col (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. (Col (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	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ►	

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

ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**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	2,572,628.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,555,244.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,384.
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	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,384.

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	2,577,428.
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	4,800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	4,800.
3	Subtract line 2e from line 1	3	2,572,628.
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	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,572,628.

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

1	Total expenses and losses per audited financial statements	1	2,560,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,800.
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	4,800.
3	Subtract line 2e from line 1	3	2,555,244.
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	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,555,244.

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

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 **ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Employer identification number
63-0907890

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
BALDWIN COUNTY FAMILY VIOLENCE	63-1115297	501(C)(3)	60,129.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
CRISIS CENTER OF RUSSELL COUNTY	63-0985199	501(C)(3)	40,395.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
CRISIS SERVICES OF NORTH ALABAMA	63-0841545	501(C)(3)	133,570.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
DAYBREAK	63-0929167	501(C)(3)	43,664.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
DOMESTIC VIOLENCE INTERVENTION CTR	63-0818014	501(C)(3)	64,811.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
FAMILY SUNSHINE CENTER	63-0756933	501(C)(3)	72,484.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF

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

18.

3 Enter total number of other organizations

0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

ALABAMA COALITION AGAINST DOMESTIC VIOLENCE, INC.

63-0907890

Page 2

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.

SCHEDULE I, PART I, LINE 2: THE COALITION MONITORS USE OF FUNDS BY REQUIRING WRITTEN REQUESTS FOR REIMBURSEMENTS, WRITTEN REPORTS, REVIEW OF SUBGRANTEES AUDITS, AND ON-SITE MONITORING VISITS.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: BALDWIN COUNTY FAMILY VIOLENCE
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

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

**ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.**

Employer identification number
63-0907890

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
HARRIET'S HOUSE	63-1156828	501(C)(3)	41,664.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
HOUSE OF RUTH	63-0834553	501(C)(3)	61,631.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
MARSHALL COUNTY COALITION AGAINST DOMESTIC VIOLENCE	30-0178911	501(C)(3)	49,440.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
OPPORTUNITY HOUSE	63-1087397	501(C)(3)	43,600.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
PENELOPE HOUSE	63-0763198	501(C)(3)	56,759.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
SABRA SANCTUARY	58-2118382	501(C)(3)	41,739.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
SAFEHOUSE OF SHELBY COUNTY	63-1007280	501(C)(3)	118,397.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
SAFEPLACE	63-0781836	501(C)(3)	57,035.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF

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

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

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 **ALABAMA COALITION AGAINST DOMESTIC VIOLENCE, INC.**

Employer identification number
63-0907890

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
2ND CHANCE	63-0967649	501(C)(3)	62,469.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
TURNING POINT	63-0780961	501(C)(3)	57,035.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
VICTIM SERVICES OF CULLMAN	63-1049338	501(C)(3)	43,600.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF
YWCA DOMESTIC VIOLENCE CENTER	63-0288882	501(C)(3)	77,035.	0.			THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF

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

3 Enter total number of other organizations **▲**

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS CENTER OF RUSSELL COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS SERVICES OF NORTH ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS; TO
DEVELOP MODEL PROGRAMS AT TWO DOMESTIC VIOLENCE AGENCIES FOR VICTIMS WHO
SUFFER FROM ADDICTION AND MENTAL HEALTH DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: DAYBREAK

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: DOMESTIC VIOLENCE INTERVENTION CTR

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SUNSHINE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.

Schedule I (Form 990) 2008

63-0907890 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HARRIET'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF RUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT:

MARSHALL COUNTY COALITION AGAINST DOMESTIC VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: OPPORTUNITY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: PENELOPE HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: SABRA SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND

Schedule I (Form 990) 2008

Part IV Supplemental Information

OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: SAFEHOUSE OF SHELBY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS; TO DEVELOP MODEL PROGRAMS AT TWO DOMESTIC VIOLENCE AGENCIES FOR VICTIMS WHO SUFFER FROM ADDICTION AND MENTAL HEALTH DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SAFEPLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: 2ND CHANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: VICTIM SERVICES OF CULLMAN

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR

Part IV Supplemental Information

CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA DOMESTIC VIOLENCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROVISION OF IN-SHELTER AND
OUT-OF-SHELTER DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR
CHILDREN; TO PROVIDE DOMESTIC VIOLENCE SERVICES TO LOW-INCOME VICTIMS.

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **ALABAMA COALITION AGAINST DOMESTIC VIOLENCE, INC.**

Employer Identification number
63-0907890

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

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

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Inspection

Name of the organization

ALABAMA COALITION AGAINST DOMESTIC
VIOLENCE, INC.

Employer identification number

63-0907890

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE IS PRESENTED
WITH THE FORM 990 FOR REVIEW DURING THE QUARTERLY MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE IS
RESPONSIBLE FOR DETERMINING A RECOMMENDATION FOR THE ANNUAL SALARY OF THE
EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW ON
THE EXECUTIVE DIRECTOR AND EVERY 2 YEARS OBTAINS THE NRC STATE-WIDE SURVEY
ON SALARIES TO DETERMINE THE RECOMMENDATION TO THE BOARD OF DIRECTORS. THE
SALARY IS APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE MINUTES
OF THE BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 2C:
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**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 and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	ALABAMA COALITION AGAINST DOMESTIC VIOLENCE, INC.	63-0907890
	Number, street, and room or suite no. If a P.O. box, see instructions	
File by the due date for filing your return. See instructions	P.O. BOX 4762	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MONTGOMERY, AL 36101	

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

- | | | |
|--|---|------------------------------------|
| ☒ 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 |

CAROL GUNDLACH

- The books are in the care of ►
- P.O. BOX 4762 - MONTGOMERY, AL 36101**

Telephone No ► **334-832-4842**

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 **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
 ► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**

- 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	\$ N/A

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)