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SCANNED MAY 1 3 2011

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 2009 Open to Public Inspection

<u> </u>	For the 2009	9 calendar year, or tax year beginning $10/01/09$, and ending $09/3$	30/10												
В	Check if applicat	une IDS		D Empl	oyer identification number										
Ц	Address change	label or print or type. Number and street (or P O box if mail is not delivered to street address) A com/suite E Telephone Telephone													
	Name change	//··· V													
	Initial return	See 4600 VALLEY ROAD	324		2 - 4 89 - 9292										
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4	1 3	G Gross rec	450 540										
	Amended return														
$\overline{\sqcap}$	Application pend	F Name and address of principal officer		H(a) Is this	a group return for										
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ROBERT MOYER		affiliat											
		4600 VALLEY ROAD, SUITE 324		H(b) Are all includ	led? Yes No										
_		LINCOLN NE 68510 status		If "No	,* attach a list (see instructions)										
÷	Tax-exempt : Website: ▶			H(c) Groun	o exemption number										
		tation X Corporation Trust Association Other ▶	L Year of formati		M State of legal domicile										
	art I	Summary			<u> </u>										
	1 Briefl	ly describe the organization's mission or most significant activities													
ė		ROVIDES INFORMATION, REFERALS, EDUCATIONAL PROGRA													
Jan	I	ECHNICAL ASSISTANCE TO DOMESTIC VIOLENCE AND SEXU	UAL ASSAULT	PROGRAMS	AND										
Activities & Governance		O OTHER INTERESTED PROFESSIONALS IN NEBRASKA.		-44-											
ဝိ		ck this box if the organization discontinued its operations or disposed of more ber of voting members of the governing body (Partivi: ine-la)	e than 25% of its n	et assets	9										
ø Si	4 Numl	ber of independent voting members of the governing body (Part VI-line 1b)		4	9										
vitie		I number of employees (Part V, line 2a)		5	3										
Acti		number of volunteers (estimate if necessary) APR 2 5 2011		6	9										
•	7a Total	l gross unrelated business revenue from Part VIII, column (C), line 12 ∫(n)		7a											
	b Net u	unrelated business taxable income from Form 990 T, line 34.			0										
	8 Conti	ributions and grants (Part VIII, line 1h)	ior Year 158,146	Current Year 169,149											
Revenue	I	ram service revenue (Part VIII, line 2g)		6,720	3,391										
eve	_	stment income (Part VIII, column (A), lines 3, 4, and 7d)													
œ	11 Other	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)													
	12 Total	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,866	172,540										
	1	ats and similar amounts paid (Part IX, column (A), lines 1–3)	-												
	1	efits paid to or for members (Part IX, column (A), line 4)	90,120	110,474											
penses	1	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10) essional fundraising fees (Part IX, column (A), line 11e)	-	90,120	110,111										
pen	1	I fundraising expenses (Part IX, column (D), line 25) ▶													
Ж	1	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		53,128	82,193										
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		143,248	192,667										
	19 Reve	enue less expenses Subtract line 18 from line 12		21,618	-20,127										
Net Assets or Fund Balances	20 Total	l assets (Part X, line 16)	Beginning	of Current Year 42,264	End of Year 35,734										
Asse	20 Total	l liabilities (Part X, line 26)		13,001	26,598										
E SE	22 Net a	assets or fund balances Subtract line 21 from line 20		29,263	9,136										
	art II	Signature Block													
		Under penalties of perjury, I declare that I have examined this return, including accompanying s and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based													
o:.		Access to the contract of the			f-19-2011										
Siç He		Signature of officer	 												
116	16	G	RESIDENT	Date											
		Type or print name and title													
		Preparer's D		Check if	Preparer's identifying number (see instructions)										
Pa	1	signature Syndle & Dlack	04/19/11	self- employed	P00228665										
	eparer's - e Only	Firm's name (or yours THOMAS, KUNC & BLACK, LLP		EIN	47-0841993										
US	Cilly	if self-employed), 300 NORTH 44TH STREET, SUITE	E 200	Phone	400 445 4-65										
		address, and ZIP+4 LINCOLN, NE 68503		no	<u> 402-467-2700</u>										
		scuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2009)										
ror	TIIVACY AC	i allu papelwolk Reduction Act Notice, see tile separate ilisti uctions.			FUITI JJU (2009)										

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Pa	rt III Stat	ement of Program	Service Accomp	olishments		· · · · · · · · · · · · · · · · · · ·
T	ROVIDES ECHNICAL	ASSISTANCE	, REFERALS, TO DOMESTI		PROGRAMS, AND TRAIN ND SEXUAL ASSAULT PRO KA.	
3 4	the prior Form 9 If "Yes," describ Did the organiz services? If "Yes," describ Describe the ex Section 501(c)(allocations to of	pee these new services of ation cease conducting, the these changes on Scrempt purpose achieven 3) and 501(c)(4) organizations, the total expense (Expenses \$	on Schedule O or make significant checkled O nents for each of the o zations and section 49 s, and revenue, if any,	47(a)(1) trusts are required for each program service including grants of \$	any program program services by expenses d to report the amount of grants and reported) (Revenue \$	Yes X No
A	SSISTENC		IC VIOLENCE	TRAINING AND		
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		services (Describe in S				
	(Expenses \$		including grants of) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
<u>4e</u>	Total program	service expenses ▶	165,3	14		Form 990 (2000)

Pa	art 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 similar funds or 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 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 United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	446		х
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		х
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		x
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		х
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	- ' '		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
19		19		х
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the diganization operate one of more hospitals. It is tes, complete conedule it		990	

Form 990 (2009) FAMILY VIOLENCE COUNCIL 20-5913963 Page 4 Part IV **Checklist of Required Schedules (continued)** Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 21 in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X 22 United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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 lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a 24b 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? 24c 24d 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 X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

37

38

X

X

Form 990 (2009) FAMILY VIOLENCE COUNCIL 20-5913963 Page 5 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 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c gaming (gambling) winnings to prize winners? 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 X 3a this return? 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 X 4a account)? 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? 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 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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 11b 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

12a

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

13. Enter the number of voting members of the governing body.

					Yes	No
1a	Enter the number of voting members of the governing body	1a	9			
b	Enter the number of voting members that are independent	1b	9			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a		х
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					
а	The governing body?			8a	х	ļ
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, 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			9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		
	form?	11	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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	 L
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		
	describe in Schedule O how this is done	12c	
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?		
а	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, 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	NON

- 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 X 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 ► ROBERT MOYER 4600 VALLEY ROAD, SUITE 324

NE 68510

organization > ROBERT MOTER

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

| X | Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B) Average			((2)	that a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
TONI AHRENDT		x						0	0	0
NANCY BARE SECRETARY		x						0	0	0
KIM DIERKS MEMBER		x						0	0	0
MEG JOHNSON MEMBER	-	x						0	0	0
MIKE MCMURTRY MEMBER		x						0	0	0
COLLEEN MUELLER MEMBER	-	x				ļ		0	0	0
SARAH O'SHEA VICE PRES		x			_			0	0	0
AMY PRENDA PRESIDENT		x						0	0	0
DOUG SAMS TREASURER		x						0	0	0

<u>Pa</u>	rt VII Section A. Officers (A)	, Directors, Trus (B)			((C)			d Highest Compensated (D)	(E)		(F)		
	Name and Title	Average hours per week	ndividual trustee or director	-	Officer	a Key employee	Mighest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga and	timatinount other pensa om the anizatinizati	of ation ne tion ted	
							_				<u> </u>			
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		1		-										
		1					<u> </u>							
1b	Total	1					<u>L</u>					—		
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3	Did the organization list any fo				ruste	e, k	ey e	mplo	oyee, or highest compensa	ted			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related o	e 1a, is the sum	of re	port	able	com	pens	satio	in and other compensation	from		3		X
5	individual Did any person listed on line 1	la receive or acc	rue (com	ens	atıor	ı fror	n an	y unrelated organization fo			4	\dashv	<u>x</u>
Sec	services rendered to the organization B. Independent Contract	ors										5	<u>_</u>	X
1	Complete this table for your fir compensation from the organi	ızatıon	ensa	ted	inde	pend	ent o	conti					(C)	
	Name and	(A) business address							Descrip	(B) toon of services		Com	(C) pensati	on
			<u> </u>											
								 					-	
2	Total number of independent						ed to	tho	se listed above) who receiv	ved				
	more than \$100,000 in compe	ensation from the	org	anıza	ation	<u> </u>		_	····			0	990	(2000

Pa	πV	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	40	Fodorated compares	1a				70101100		, , , , , , , , , , , , , , , , , , , ,
ᄩᆲ		Federated campaigns							
P. P.		Membership dues	1b						
fs,		Fundraising events	1c						
<u>.</u>		Related organizations	1d		150 000				
Si		Government grants (contributions)	<u>1e</u>	-	158,899				
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		10,250				
걸	q	Noncash contributions included in lines 1a-	1f	\$	10,250				
೧೯	_	Total. Add lines 1a-1f			▶ 1	169,149			
ē			•		Busn. Code				
en	2a	TRAINING REVENUE				3,391	3,391		
<u>چ</u> ا	b	IMINING REVENOE							··-
흥									
اکّ	C								<u> </u>
လွ	d								
폡	е						····		
§	f	All other program service reve	nue		L			B	<u></u>
		Total. Add lines 2a-2f			<u> </u>	3,391			
	3	Investment income (including	dıvıder	nds, intere	est, and				
		other similar amounts)			▶				
- 1	4	Income from investment of tax	-exem	pt bond p	roceeds 🕨				
i	5	Royalties		>					
		(ı) Real		(II) F	Personal				
	6a	Gross Rents			Ì	1			
	b	Less rental exps		,		İ			
	c	Rental inc or (loss)							
	d	Net rental income or (loss)		<u> </u>		į		:	
	7a Gross amount from (i) Securities (ii)			Other					
		sales of assets		(11)					
	_	other than inventory		 					
	b	Less cost or other							
		basis & sales exps		1					
		Gain or (loss)		<u> </u>					
		Net gain or (loss)						***************************************	
e	8a	Gross income from fundraising eve	nts						
Ĕ		(not including \$							
eve		of contributions reported on line 1c))						
Other Reven		See Part IV, line 18	а						
th	b	Less direct expenses	b						
0	С	Net income or (loss) from fund	Iraising	events	•				
		Gross income from gaming activitie							
		See Part IV, line 19	а						
	b	Less direct expenses	b						
		Net income or (loss) from gam	_	tivities	•				
		Gross sales of inventory, less	iiiig ac	, tivities					
	IVa		_						
		returns and allowances	a						
		Less cost of goods sold	b	L- <u>.</u>					
	<u> </u>	Net income or (loss) from sale		ventory	▶				<u></u>
		Miscellaneous Revenue	•		Busn. Code				
ĺ	11a				 				
	b				 				
	С				L				
	d	All other revenue							
	е	Total. Add lines 11a-11d			•				
	12	Total Revenue. See instruction	ns			172,540	3,391	0	0

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o	<u>`</u>	<u>·</u>		
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4	•				
5	Compensation of current officers, directors,	74,387	68,809	5,578	
_	trustees, and key employees	74,307	00,005	3,310	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	25 044	23,998	1,946	
7	Other salaries and wages	25,944	43,336	1,340	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	1 000	1 041	149	
9	Other employee benefits	1,990	1,841	149	
10	Payroll taxes	8,153	8,153		<u> </u>
11	Fees for services (non-employees)				
а	Management				
b	Legal			10 15	
С	Accounting	18,461		18,461	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	7,832	7,245	587	
17	Travel	2,132	1,972	160	
18	Payments of travel or entertainment expenses	İ			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,114	6,114		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,233	2,066	167	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	PROFESSIONAL FEES	36,926	36,926		
b	OFFICE SUPPLIES	2,325	2,151	174	
c	PRINTING AND PUBLICATION	1,672	1,672		
d	TELEPHONE	1,565	1,448	117	
e	DUES AND SUBSCRIPTIONS	1,071	1,071		
-	All other expenses	1,862	1,846	16	
25		444 665	165,312	27,355	
26					
-0	SOP 98-2 Complete this line only if the	1			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	runuraising solicitation				Form 990 (2009)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 13,387 3,206 1 Cash-non-interest bearing Savings and temporary cash investments 2 9,325 22,569 Pledges and grants receivable, net 19,552 9,959 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments-other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 42,264 35,734 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,344 301 17 Accounts payable and accrued expenses 17 18 18 Grants payable 333 2,861 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 12,367 15,393 Other liabilities Complete Part X of Schedule D 25 13,001 26 26,598 Total liabilities. Add lines 17 through 25 or Fund Balances Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29, and lines 33 and 34. 29,263 9,136 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Net Assets Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 29,263 33 33 Total net assets or fund balances 42,264 35,734 34 Total liabilities and net assets/fund balances

Form 990 (2009)

Form	990 (2009) FAMILY VIOLENCE COUNCIL 20	-5913963		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other		·	
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent according	ountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ty for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independen	nt accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax	year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for	the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits	as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did n	ot undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to under	go such audits	3b		
			Forn	n 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FAMILY VIOLENCE COUNCIL

Employer identification number 20 - 5913963

P:	art l	Reas	on for Public Charity	Status (All organizations	s must c	complet	e this	part)	See ir	struc	tions			
				e it is (For lines 1 through 11, o								-		
1			•	ociation of churches described										
2	H	•	•		III SECTION		יאראיי							
	-		cribed in section 170(b)(1)(otion 470	(b)(4)(A)(:::\							
3	\vdash	•		ce organization described in sec				\/4\/ A \/:	::\ C-4-			_		
4	Ш		=	d in conjunction with a hospital of	aescribea	in secuo	מ)טיו חי)(1)(A)(1	ii). Ente	er the no	ospitai s nam	е,		
_	Г 1	city, and stat												
5		=		of a college or university owned	or operat	ed by a g	overnme	entai uni	t descri	bea in				
			b)(1)(A)(iv). (Complete Part											
6														
7														
	described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9														
	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 t	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III)							
10		An organizati	ion organized and operated i	exclusively to test for public safe	ety See s	ection 50	09(a)(4).							
11		An organizati	ion organized and operated o	exclusively for the benefit of, to	perform tl	he functio	ns of, o	r to carry	out the	е				
		purposes of	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	1			
	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	b Type II	c Type III–Functions	ally integr	ated	d	Тур	e III–Ot	ther				
е		By checking	this box, I certify that the org	anization is not controlled direct	tly or indir	ectly by o	ne or m	ore disq	ualified					
		persons othe	r than foundation managers	and other than one or more put	olicly supp	orted org	anizatio	ns desc	ribed in	section	1			
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		_	check this box						-					
g		Since Augus	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne							
9		following per		. , , ,		-								
				ontrols, either alone or together	with perso	ons descr	ibed in (II)				Yes	No	
			•	f the supported organization?	•			,			11g(i)			
		· ·	member of a person describ	• • •							11g(ii			
			controlled entity of a person of								11g(i	7		
h				he supported organization(s)							<u> </u>	71	<u> </u>	
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Did v	ou notify	(vi)	is the	(vii) Ar	nount of		
1.7		anization		(described on lines 1-9	1 ' '	sted in your	the organ	nization in	organizat	tion in col	sur	port		
				above or IRC section	governing	document?		of your port?		zed in the S?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
														
					1									
						<u> </u>								
					1									
					ļ									
_														

Page 2

Pa	rt II Support Schedule for O)(1)(A)(iv) and	170(b)(1)(A)(v)
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I)			
	tion A. Public Support			,	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			<u> </u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			ļ,			
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			. ,	!		
Sec	tion B. Total Support				· · ·		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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)						
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-	t, second, third, fo	ourth, or fifth tax ye	ar as a section 501	(c)(3)	
	organization, check this box and stop her tion C. Computation of Public Su		togo				
		 	 • 	(5)		144	0/
14	Public support percentage for 2009 (line 6			nn (t))		14	<u>%</u>
15	Public support percentage from 2008 Sch			. 40	22 4/2 0/ 24		
16a	33 1/3 % support test—2009. If the organ				33 1/3 % of more,	check this box	▶ [
_	and stop here. The organization qualifies		_		15 is 33 1/3 % or n	nore check this	
b	33 1/3 % support test—2008. If the organ				19 15 35 175 76 01 11	iore, check this	▶ .
170	box and stop here. The organization quality 10%-facts-and-circumstances test—200				Sa or 16h and line	14 is 10% or	
17a	more, and if the organization meets the "fa	-					
	organization meets the "facts-and-circums						> [
b	10%-facts-and-circumstances test—200		•	• •			
	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circums						▶ [
18	Private foundation. If the organization did						>
	The state of the s						

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.)	
Seek lie Comm						

Sec	ction A. Public Support						
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				158,146	169,149	327,295
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				6,720	3,391	10,111
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 through 5				164,866	172,540	337,406
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 \$5,000 or 1% of the						
	amount on line 13 for the year				1,720		1,720
	Add lines 7a and 7b				1,720		1,720
8	Public support (Subtract line 7c from line 6)						335,686
	tion B. Total Support	·····	T			() 2000	(0. T.) - I
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				164,866	172,540	337,406
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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,	ĺ]	1	
	and 12)		<u> </u>		164,866	172,540	337,406
14	First five years. If the Form 990 is for the	-	st, second, third, for	urth, or fifth tax ye	ar as a section 501(c	:)(3)	
500	organization, check this box and stop here tion C. Computation of Public Su		tago		-	**	
	Public support percentage for 2009 (line 8			nn (fl)		15	99.49%
15				111 (1))		16	98.96%
16 Sec	Public support percentage from 2008 Schootion D. Computation of Investme			-	-	1 10	JU. 30 /8
17	Investment income percentage for 2009 (I			column (f))		17	%
18	Investment income percentage for 2003 (i			,, 00.0 (.,)		18	%
19a				e 14, and line 15 is	s more than 33 1/3 %		<u></u> `
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and stop here	. The organization	qualifies as a pub	licly supported organ	ization	► <u>X</u>
_	line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation. If the organization did						▶ [

Schedule A (Form 990 or 990-EZ) 2009 FAMILY VIOLENCE COUNCIL

20-5913963

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHÈDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization 20-5913963 FAMILY VIOLENCE COUNCIL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 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? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 Assets included in Form 990, Part X

DOBRIN			_						
$\overline{}$		DLENCE COUNCI				13963			Page 2
	rt III Organizations Maintaining						sets (contir	iuea	<u> </u>
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, check	any of the follow	ing that a	ire a signific	ant use of its			
а	Public exhibition	d Loan or	exchange prograi	ms					
b	Scholarly research	e Other					_		
С	Preservation for future generations								
4	Provide a description of the organization's collegant XIV	ections and explain how th	ey further the orga	anization	's exempt p	urpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of th	ie organization's c	ollection	?			es [] No
Pa	rt IV Escrow and Custodial Arra	ngements. Complete	e if the organiz	ation a	inswered	"Yes" to Fo	rm 990, Pa	art	
	IV, line 9, or reported an am	ount on Form 990, P	art X, line 21.						
1a	Is the organization an agent, trustee, custodial	n or other intermediary for	contributions or of	her asse	ts not				_
	included on Form 990, Part X?						Y	es 📙	_ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table				. 		
							Amour	ıt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21?					Y	es	No
	If "Yes," explain the arrangement in Part XIV						_		_
	rt V Endowment Funds. Comple	ete if organization an	swered "Yes"	to Forr	n 990, Pa	art IV, line 1	0.		
		(a) Current year	(b) Prior year	1	years back	(d) Three years		r years	s back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains,		-						
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the year	end balance held as							
	Board designated or quasi-endowment ▶	%							
	Permanent endowment ▶ %								
	Term endowment ▶ %								
	Are there endowment funds not in the possess	sion of the organization tha	t are held and adr	ninistere	d for the				
-	organization by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes	No
	(i) unrelated organizations						3a(i)	<u> </u>	1
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	listed as required on Scher	dule R?				3b	 	
4	Describe in Part XIV the intended uses of the								
_	rt VI Investments—Land, Buildin			0 Parl	X. line 1	0.			
	Description of investment	(a) Cost or other basis	(b) Cost or of			cumulated	(d) Bool	value	
	2000,900. 0	(investment)	basis (othe		1	reciation	(=, = ==		

Schedule D (Form 990) 2009

1a Land b Buildings

d Equipment e_Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. See Form 99	90. Part X. line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)		Cost or end-of-yea	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
 			
 			
 			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-yea	
			
	-		
			
	,		
Total. (Column (b) must 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) must equal Form 990, Part X, col (B) line 15)		<u> </u>	·
Part X Other Liabilities. See Form 990, Part X, line 2	25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
ACCRUED LIABILITIES	11,570		
PAYROLL TAXES PAYABLE	3,324		
DUE TO SIMPLE IRA	469		
UNITED WAY PAYABLE	30		
			,
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization	anization's financial stateme	nts that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 FAMILY VIOLENCE COUNCIL		<u>5913963</u>	Page (
Pa	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financi	al Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	172,54
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	192,66
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-20,12
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 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	-20,12
	at XII Reconciliation of Revenue per Audited Financial St		ie per Return	
1	Total revenue, gains, and other support per audited financial statements		1	172,54
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	172,54
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	172,54
Pa	art XIII Reconciliation of Expenses per Audited Financial S	tatements With Expen	ses per Return	-
1	Total expenses and losses per audited financial statements		1	192,66
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
ď	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	192,66
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b	- -	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	192,66
	et XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	art III, lines 1a and 4, Part IV	lines 1b	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Pa			
	part to provide any additional information			
	ART X - LIABILITY UNDER FIN 48 FOOTNOTE			
_T	HE_ORGANIZATION_IS_EXEMPT_FROM_FEDERAL	THCOME THY' EV	CPET ON WCT	
U.	NRELATED TO ITS EXEMPT PURPOSE, UNDER I	NTERNAL REVENU	E CODE SECT	ION
	01.(3)		_	
_ = =	01(c) (3)		-	
				
	EMEDALLY ACCEDED ACCOMMENC DELECTIVE	ייגעיי שמדוו∩שמ	A DOSTUTON I	דאענדאן היי דאענדאן היי
	ENERALLY ACCEPTED ACCOUNTING PRINCIPLES	_v=80_1v=	Y LODITION	
_E	XPECTED TO BE TAKEN ON THE ORGANIZATION	<u>'S_FORM 990 TA</u>	X RETURNS B	E
			_	

		FAMILY VIOLE		20-591396	3 Page 5
Part XIV	Suppleme	ntal Information (cor	ntinued)		
_RECOGN	IZED IN	THE FINANCIA	L STATEMENTS	WHEN IT IS MORE LIKEL	THAN_NOT
_(<u>I.E.</u> ,	A LIKE	LIHOOD OF MOR	E_THAN_FIFTY_	PERCENT) THAT THE POS	ITION WOULD BE
_SUSTAI	NED UPOI	N EXAMINATION	BY TAXING AU	THORITIES. THE ORGAN	IZATION'S OPEN
AUDIT	PERIODS	ARE 2006 TO	2009. THE OF	RGANIZATION DID NOT TA	KE_ANY
_AGGRES	SIVE TAX	C POSITIONS R	EGARDING_ANY_	INFORMATION ON ITS TA	X FORMS FILED _
_WITH T	AXING AU	THORITIES			
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0698N

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public inspection

Internal Revenue Service
Name of the organization

FAMILY VIOLENCE COUNCIL

Employer identification number 20-5913963

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Fund Raising ₹O-Management & General ŧԴ Form 990, Part IX, Line 24f - All Other Expenses 1,039 375 238 194 1,846 Program Service **Federal Statements** ₩. 375 238 210 1,862 1,039 Expenses Total ጭ 0698N Family Violence Council GRANT EXPENSES REPAID TO MEALS AND ENTERTAINMENT Description FYE: 9/30/2010 TOTAL 20-5913963 SUPPLIES POSTAGE

0698N Family Violence Council

20-5913963 FYE: 9/30/2010

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	 Total	Excess		
TRAINING REVENUE	\$	\$		
2008	 6,720		1,720	
TOTAL	\$ 6,720	\$	1,720	

Form (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

 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								
	ing (e-file). You can electronically file Form 8868 if yo			•				
	required to file Form 990-T), or an additional (not aut			_				
	est an extension of time to file any of the forms listed		•		on			
	ansfers Associated With Certain Personal Benefit Cor				e			
	For more details on the electronic filing of this form, v				rofits	·		
Part I	Automatic 3-Month Extension of Time		· · · · · · · · · · · · · · · · · · ·					
	required to file Form 990-T and requesting an autom	atic 6-month	n extension-check this box and complet	te		►□		
Part I only	and the state of t	0	7004 to servet up 5					
	orations (including 1120-C filers), partnerships, REMI	Cs, and trus	its must use Form 7004 to request an e	extension	or time			
to file income tax returns Type or Name of exempt organization Employer identification numbers.								
Type or print	Name of exempt organization			Employ	er identification i	number		
File by the	FAMILY VIOLENCE COUNCIL			20-5	913963			
due date for	Number, street, and room or suite no. If a P.O. box	k, see instru	ctions	•				
filing your return See	4600 VALLEY ROAD		324					
instructions	City, town or post office, state, and ZIP code For a	a foreign add	dress, see instructions	-				
	LINCOLN NE	68510)					
Enter the Ret	urn code for the return that this application is for (file	a senarate a	ipplication for each return)			03		
		T Separate a	pphoanton to caon return,					
Application		Return	Application			Return		
Is For Code Is For						Code		
Form 990 01 Form 990-T (corporation)					07			
Form 990-BL 02 Form 1041-A					08			
Form 990-E		03	Form 4720			09		
Form 990-P		04	Form 5227			10		
	(sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870			12		
Telephone If the orga If this is fo	are in the care of ► ROBERT MOYER e No ► Initiation does not have an office or place of business or a Group Return, enter the organization's four digit 0 group, check this box ► ☐ If it is for part of	Group Exem	ed States, check this box ption Number (GEN) If	this is		▶ □		
	names and EINs of all members the extension is for	J , ,						
	st an automatic 3-month (6 months for a corporation r	equired to fi	le Form 990-T) extension of time					
	5/15/11 , to file the exempt organization retui		•	n is				
	organization's return for							
▶ 🗌	calendar year or							
▶ 🗓	tax year beginning $10/01/09$ and ending (09/30/	10					
	x year entered in line 1 is for less than 12 months, ch hange in accounting period	eck reason	☐ Initial return ☐ Final return					
3a If this a	oplication is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, ente	er the tentative tax less any		1			
•	ndable credits. See instructions		and the second of the second o	За	 			
	oplication is for Form 990-PF, 990-T, 4720, or 6069, e	enter any ref	fundable credits and		•			
-	ed tax payments made. Include any prior year overpa	-		3b	\$			
	e due. Subtract line 3b from line 3a Include your pays							
	D coupon or, if required, by using EFTPS (Electronic		·	<u> </u>]			
instructi				3c] \$			
Caution. If yo	u are going to make an electronic fund withdrawal wit	th this Form	8868, see Form 8453-EO and Form 88	379-EO fo	r			
payment instr	uctions							