



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Extended to 8/15/11

OMB No 1545 0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2009**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**For the 2009 calendar year, or tax year beginning** 10/01, **2009, and ending** 9/30, **2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See specific instructions. IA COALITION AGAINST DOMESTIC VIOLENCE 515 28TH STREET #104 DES MOINES, IA 50312	D Employer identification number 42-1285094
		E Telephone number (515) 244-8028
F Name and address of principal officer SAME AS C ABOVE		G Gross receipts \$ 1,650,975.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) 4947(a)(1) or 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
J Website: ▶ WWW.ICADV.ORG		H(c) Group exemption number ▶
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1985 M State of legal domicile IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO PROVIDE ASSISTANCE AND EDUCATION TO PROGRAMS THAT SERVE BATTERED WOMEN AND THEIR CHILDREN, WORKING TO END VIOLENCE IN INTIMATE RELATIONSHIPS.</u>			
	2 Check this box <input type="checkbox"/> 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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of employees (Part V, line 2a)	42	
	6	Total number of volunteers (estimate if necessary)	112	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,461,917.	1,359,668.
	9	Program service revenue (Part VIII, line 2g)	222,043.	241,915.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180.	189.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,632.	-9,199.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,676,508.	1,592,573.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	103,287.	196,696.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	898,762.	911,208.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,171.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	708,473.	473,882.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,710,522.	1,581,786.
	19	Revenue less expenses Subtract line 18 from line 12	-34,014.	10,787.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	368,577.
21		Total liabilities (Part X, line 26)	119,976.	152,142.
22		Net assets or fund balances Subtract line 21 from line 20	248,601.	271,022.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Laurie Schipper</i> Laurie Schipper, Executive Director	Date 8/10/11
Paid Preparer's Use Only	Preparer's signature Kellym Munnery, CPA	Date 7/28/11
	Firm's name (or yours if self-employed), address, and ZIP + 4 MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 WEST DES MOINES, IA 50266-6717	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00735844 EIN ▶ 42-0731256 Phone no ▶ 515-223-0002

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

☒ Yes ☐ No

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

TEEA0113L 12/29/09 Form 990 (2009)

SCANNED AUG 31 2011

g17

1

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If 'Yes,' describe these changes on Schedule O

SEE SCHEDULE O

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

4a (Code ☐) (Expenses \$ 317,929. including grants of \$ 162,838.) (Revenue \$)

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

4b (Code ☐) (Expenses \$ 278,163. including grants of \$) (Revenue \$)

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

4c (Code ☐) (Expenses \$ 230,455. including grants of \$) (Revenue \$ 90,932.)

AMERICORPS PROGRAM - THE ORGANIZATION OPERATES A 10 MEMBER AMERICORPS PROGRAM CALLED REACH (RURAL EDUCATION AND COMMUNITY HELP). THE MISSION OF REACH IS TO PROVIDE ASSISTANCE TO BATTERED WOMEN AND CHILDREN IN RURAL AND UNDER-SERVED AREAS OF IOWA. REACH HAS HELPED TO EXPAND AND ENHANCE VICTIM SERVICES AND PREVENTION EFFORTS ACROSS THE STATE. TRAINED AND CERTIFIED AS VICTIM ADVOCATES, AMERICORPS MEMBERS PROVIDE CRISIS INTERVENTION, COUNSELING, AND ADVOCACY. THEY PROVIDE EDUCATION PROGRAMMING TO THE COMMUNITY AS WELL AS ASSIST IN RECRUITING VOLUNTEERS. REACH AMERICORP MEMBERS SERVE MORE THAN 20,000 HOURS EACH YEAR.

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 627,536. including grants of \$ 33,858.) (Revenue \$ 150,983.)

4e Total program service expenses ▶ 1,454,083.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	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		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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	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 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? If 'Yes,' complete Schedule L, Part I		X
25b 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 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c 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, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 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	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1 a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 42		
2 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).	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		

BAA

Form 990 (2009)

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

	Yes	No
1 a Enter the number of voting members of the governing body	14	
1 b Enter the number of voting members that are independent	14	
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
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b 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
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O SEE SCHEDULE O	X	

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

	Yes	No
10 a 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a 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 SEE SCHEDULE O	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 SEE SCHEDULE O	X	
b Other officers of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a 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. Disclosures

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► JOAN KENNEDY 515 28TH STREET #104 DES MOINES IA 50312 (515) 244-8028

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. 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 employees'.
- 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 current officer, director, or trustee

(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			
TOBBIE WALTER CHAIR	0	X		X				0.	0.	0.
MORGAN STREETER DIRECTOR	0	X						0.	0.	0.
MARLENE WOZNICZKA DIRECTOR	0	X						0.	0.	0.
NICOLE CISNE-DURBIN DIRECTOR	0	X						0.	0.	0.
LANE TILL DIRECTOR	0	X						0.	0.	0.
MIRA YUSEF DIRECTOR	0	X						0.	0.	0.
DAN BRICKNER DIRECTOR	0	X						0.	0.	0.
KATHLEEN NEBEL VICE CHAIR	0	X		X				0.	0.	0.
JOHNA SULLIVAN TREASURER	0	X		X				0.	0.	0.
SUE PROCHAZKA DIRECTOR	0	X						0.	0.	0.
SHELLY MCQUEENEY DIRECTOR	0	X						0.	0.	0.
RHONDA DEAN DIRECTOR	0	X						0.	0.	0.
BRANDYN WOODARD DIRECTOR	0	X						0.	0.	0.
LINDA MILLER SECRETARY	0	X		X				0.	0.	0.
LAURIE SCHIPPER EXECUTIVE DIREC	40			X				64,551.	0.	0.
JOAN KENNEDY ASSIST DIRECTOR	40			X				59,158.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 64,671.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 1,263,627.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 31,370.					
	g Noncash contribns included in lns 1a-1f	\$ 33,986.					
	h Total. Add lines 1a-1f		1,359,668.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a AMERICORPS REIMBURSEMENTS	900099	90,932.	90,932.			
	b TRAINING, CERT, & TECH ASSIST.	900099	70,996.	70,996.			
	c CIVIL LEGAL PROGRAM FEES	900099	48,439.	48,439.			
	d MEMBERSHIP DUES & ASSESSMENTS	900099	31,548.	31,548.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		241,915.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		189.			189.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less rental expenses	7,759.				
		c Rental income or (loss)	9,839.				
	d Net rental income or (loss)	-2,080.				-2,080.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 64,671. of contributions reported on line 1c) See Part IV, line 18	a	32,160.				
		b Less direct expenses	48,563.				
		c Net income or (loss) from fundraising events		-16,403.			-16,403.
		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	9,284.			9,284.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		9,284.					
12 Total revenue. See instructions		1,592,573.	241,915.	0.	-9,010.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	186,948.	186,948.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	9,748.	9,748.		
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	128,452.	106,758.	21,694.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	646,575.	611,162.		35,413.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	52,348.	51,948.		400.
10 Payroll taxes	83,833.	79,678.	362.	3,793.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,456.	16,456.		
d Lobbying	590.		590.	
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,583.	673.	817.	5,093.
13 Office expenses	9,340.	7,965.		1,375.
14 Information technology				
15 Royalties				
16 Occupancy	28,376.	28,376.		
17 Travel	40,610.	34,281.	4,939.	1,390.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,446.		12,446.	
23 Insurance	28,847.	26,254.	695.	1,898.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a LIVING ALLOWANCE - AMERICORPS	204,260.	191,310.	10,688.	2,262.
b CLIENT SERVICES	36,372.	35,387.		985.
c EQUIPMENT	16,116.	14,630.	1,388.	98.
d POSTAGE AND SHIPPING	14,964.	14,323.		641.
e TRAINING	11,355.	6,285.	4,762.	308.
f All other expenses	47,567.	31,901.	15,151.	515.
25 Total functional expenses Add lines 1 through 24f	1,581,786.	1,454,083.	73,532.	54,171.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	61,130.	1	40,748.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	251,543.	3	321,991.
	4 Accounts receivable, net	18,942.	4	25,688.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,066.	9	832.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,425.		
	b Less: accumulated depreciation	10b 38,821.	26,463.	10c 23,604.
	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	9,433.	15	10,301.
16 Total assets. Add lines 1 through 15 (must equal line 34)	368,577.	16	423,164.	
LIABILITIES	17 Accounts payable and accrued expenses	44,300.	17	69,327.
	18 Grants payable		18	
	19 Deferred revenue	37,143.	19	52,718.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	38,533.	25	30,097.
	26 Total liabilities. Add lines 17 through 25	119,976.	26	152,142.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	248,601.	27	271,022.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	248,601.	33	271,022.
34 Total liabilities and net assets/fund balances	368,577.	34	423,164.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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 accountant?

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

c If 'Yes' to line 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?

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	1,885,271.	1,657,932.	1,918,824.	1,461,917.	1,362,103.	8,286,047.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	1,885,271.	1,657,932.	1,918,824.	1,461,917.	1,362,103.	8,286,047.
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).						0.
6 Public support. Subtract line 5 from line 4						8,286,047.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,885,271.	1,657,932.	1,918,824.	1,461,917.	1,362,103.	8,286,047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		10,580.	8,952.	9,941.	7,948.	37,421.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	2,528.	10,469.	4,108.	6,713.	9,284.	33,102.
11 Total support. Add lines 7 through 10						8,356,570.
12 Gross receipts from related activities, etc. (see instructions)					12	621,093.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.8 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒**b 33-1/3 support test – 2008.** 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 – 2009** 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 – 2008.** 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 ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 on 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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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.

[illegible]

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 144550

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

7/28/11

10 08AM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER	9,284.	6,713.	4,108.	10,469.	2,528.
TOTAL	<u>\$ 9,284.</u>	<u>\$ 6,713.</u>	<u>\$ 4,108.</u>	<u>\$ 10,469.</u>	<u>\$ 2,528.</u>

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

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

- Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization

Employer identification number

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

Part I-A. Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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. Complete if the organization is exempt under section 501(c)(3).

- 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. Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns

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)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -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.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV SEE PART IV	X		1,261.
j Total Add lines 1c through 1i			1,261.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 Complete if the organization is 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, line 3 is answered 'Yes.'

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 (see instructions)	5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

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

THE ORGANIZATION INCURRED EXPENSES RELATED TO A LOBBY DAY EVENT. THIS EVENT BRINGS DOMESTIC VIOLENCE PREVENTION PROGRAMS, OTHER INTERESTED PARTIES, AND STATE FUNDERS TOGETHER TO LEARN ABOUT CURRENT LEGISLATION AFFECTING DOMESTIC VIOLENCE-RELATED ISSUES AND MEET WITH THEIR LEGISLATORS.

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

This image shows a full page of a worksheet designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines across the entire width of the page. The background is plain white, providing a clear guide for letter height and placement. There are no margins, text, or other markings present.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

2009**Open to Public
Inspection**

Employer identification number

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

2 Complete lines 2a 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 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 tax 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, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,433.	10,033.			
b Contributions					
c Net investment earnings, gains, and losses	1,118.	-350.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	250.	250.			
g End of year balance	10,301.	9,433.			

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

SEE PART XIV

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		62,425.	38,821.	23,604.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 23,604.

BAA

Schedule D (Form 990) 2009

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)	1,592,573.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,581,786.
3	Excess or (deficit) for the year Subtract line 2 from line 1	10,787.
4	Net unrealized gains (losses) on investments	1,149.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	10,485.
9	Total adjustments (net) Add lines 4 through 8	11,634.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	22,421.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,618,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,149.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	24,416.
e	Add lines 2a through 2d	2e	25,565.
3	Subtract line 2e from line 1	3	1,592,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,592,573.

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

1	Total expenses and losses per audited financial statements	1	1,606,202.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	24,416.
e	Add lines 2a through 2d	2e	24,416.
3	Subtract line 2e from line 1	3	1,581,786.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,581,786.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUND FOR LONG TERM STABILITY AND
DECREASED DEPENDANCY ON GOVERNMENT FUNDS.

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

PART X - FIN 48 FOOTNOTE

ON OCTOBER 1, 2009, THE COALITION ADOPTED FASB ASC 740-10, UNCERTAIN TAX POSITIONS,
WHICH REQUIRES EVALUATION OF THE IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED
TO BE TAKEN IN A TAX RETURN AND MAY REQUIRE RECOGNITION OF A LIABILITY RELATED TO

Part XIV Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

THOSE POSITIONS. AT SEPTEMBER 30, 2010, THE COALITION HAD NO UNCERTAIN TAX
POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS.

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 144550

IA COALITION AGAINST DOMESTIC VIOLENCE

42-1285094

7/28/11

10 08AM

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

CAPITAL ACQUISITIONS ACQ WITH GRANT FUNDING	\$	10,485.
TOTAL	\$	<u>10,485.</u>

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

FUNDRAISING EVENT EXP. NETTED	\$	14,577.
RENT EXPENSE NETTED WITH RENTAL INCOME		9,839.
TOTAL	\$	<u>24,416.</u>

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

FUNDRAISING EVENT EXP. NETTED	\$	14,577.
RENT EXPENSE NETTED WITH RENTAL INCOME		9,839.
TOTAL	\$	<u>24,416.</u>

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

42-1285094

IA COALITION AGAINST DOMESTIC VIOLENCE

Part I. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

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

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

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ITS ABOUT TIME (event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1 Gross receipts	96,831.			96,831.
	2 Less Charitable contributions	64,671.			64,671.
	3 Gross income (line 1 minus line 2)	32,160.			32,160.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	33,986.			33,986.
	6 Rent/facility costs	1,000.			1,000.
	7 Food and beverages	2,915.			2,915.
	8 Entertainment				
	9 Other direct expenses	10,662.			10,662.
	10 Direct expense summary Add lines 4- through 9 in column (d)				48,563.
	11 Net income summary Combine lines 3, column (d) and line 10				-16,403.

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

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

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

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

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2009

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

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 **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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
COMPASS POINTE 1900 GRAND AVENUE NORTH SPENCER, IA 51301	42-0947391	501 (C) (3)	5,784	0			INTEGRATED SERVICES PROJECT
CROSSROADS MENTAL HEALTH CENTER 1003 COTTONWOOD ROAD CRESTON, IA 50801	42-1042084	501 (C) (3)	18,500	0			INTEGRATED SERVICES PROJECT
FAMILY CRISIS CENTER OF N.W. IOWA P.O. BOX 295 SIOUX CENTER, IA 51250	42-1185690	501 (C) (3)	11,346	0			INT. SERVICES PROJECT & ASSIST.
HELPING SERVICES OF N.E. IOWA 805 E. MAIN ST. DECORAH, IA 52101	42-0989563	501 (C) (3)	11,747	0			INTEGRATED SERVICES PROJECT
NORTHEAST IOWA MENTAL HEALTH CEN P.O. BOX 349 DECORAH, IA 52101	42-0782523	501 (C) (3)	27,608	0			INTEGRATED SERVICES PROJECT
RURAL IOWA CRISIS CENTER 107 N. ELM ST. CRESTON, IA 50801	42-1520441	501 (C) (3)	16,062	0			INT. SERVICES PROJECT & ASSIST.
UNIVERSITY OF NORTHERN IOWA 30 SABIN HALL CEDAR FALLS, IA 50614	42-6004333	GOV	70,296	0			INTEGRATED SERVICES PROJECT

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

7

3 Enter total number of other organizations

0

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Part III: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and 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
SCHOLARSHIPS	11	9,748			

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

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

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

SCHOLARSHIPS ARE AWARDED TO RECIPIENTS BASED ON A COMPETITIVE APPLICATION PROCESS. PROGRAM DIRECTOR PURCHASES TUITION, BOOKS AND SUPPLIES FOR SCHOLARSHIP RECIPIENTS. PROGRAM DIRECTOR OBTAINS RECEIPTS FOR ALL DISBURSEMENTS. RECEIPTS ARE PROVIDED TO FUNDER ALONG WITH A WRITTEN EXPLANATION OF DISBURSEMENTS. COPIES OF ALL RECEIPTS ARE RETAINED BY THE ORGANIZATION.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

► **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

**Open To Public
Inspection**

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	2	900.	FAIR MARKET VA
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SILENT AUCTION)	X	151	33,086.	FAIR MARKET VA
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

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

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

b If 'Yes,' describe in Part II

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

	Yes	No
30 a		X
31		X
32 a		X
33		

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

Schedule M (Form 990) 2009

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

SCHEDULE M - ADDITIONAL INFORMATION

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

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

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO PROVIDE ASSISTANCE AND EDUCATION TO PROGRAMS THAT SERVE BATTERED WOMEN AND THEIR CHILDREN, WORKING TO END VIOLENCE IN INTIMATE RELATIONSHIPS. THE RESPONSIBILITIES OF THE ORGANIZATION ARE: TO FACILITATE AND PROMOTE NETWORKING AMONG COALITIONS, VICTIM'S ASSISTANCE PROJECTS, AND INDIVIDUALS COMMITTED TO ELIMINATING VIOLENCE AGAINST WOMEN; TO RAISE AWARENESS AND INCREASE KNOWLEDGE ABOUT THE DYNAMICS AND NEEDS OF THE VICTIMS OF DOMESTIC VIOLENCE; AND TO ADVOCATE FOR THE WELFARE AND RIGHTS OF ACTUAL AND POTENTIAL VICTIMS OF DOMESTIC VIOLENCE.

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

THE IMMIGRATION (OVW) TECHNICAL ASSISTANCE PROGRAM WAS FUNDED DIRECTLY BY THE U.S. DEPARTMENT OF JUSTICE. UNDER THIS PROGRAM, THE ORGANIZATION WAS RESPONSIBLE FOR PROVIDING EXPERT IMMIGRATION TECHNICAL ASSISTANCE TO OFFICE OF VIOLENCE AGAINST WOMEN GRANTEEES, SERVING AS AN INFORMATION CLEARINGHOUSE FOR GRANTEEES THROUGH VARIOUS CHANNELS, AND PROVIDING TRAINING AND OTHER SERVICES. THE ORGANIZATION CEASED PROVIDING THIS PROGRAM IN 2009.

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

VARIOUS OTHER PROGRAMS WHICH PROVIDE TRAINING, COUNSELING, COMMUNITY OUTREACH, AND OTHER BENEFITS FOR COMMUNITIES, PROFESSIONALS, AND OTHER DOMESTIC VIOLENCE PROGRAMS STATEWIDE.

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

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

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

STOP VIOLENCE AGAINST WOMEN - FEDERAL GRANT PROGRAM (CFDA NO. 16.588) CONTAINING IN
2010 AN ARRA COMPONENT. PROGRAM SEEKS TO DEVELOP AND STRENGTHEN EFFECTIVE LAW
ENFORCEMENT AND PROSECUTION STRATEGIES TO COMBAT VIOLENT CRIMES AGAINST WOMEN, AND
DEVELOP AND STRENGTHEN VICTIM SERVICES IN CASES INVOLVING CRIMES AGAINST WOMEN. THE
PROGRAM ENCOURAGES THE DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE, VICTIM-CENTERED
LAW ENFORCEMENT, PROSECUTION, AND COURT STRATEGIES TO ADDRESS VIOLENT CRIMES AGAINST
WOMEN AND THE DEVELOPMENT AND ENHANCEMENT OF VICTIM SERVICES IN CASES INVOLVING
VIOLENT CRIMES AGAINST WOMEN. FOR FUNDS UNDER THE ARRA, THE PROGRAM ALSO FOCUSES ON
CREATING AND RETAINING JOBS AND IMPROVING THE ECONOMY.

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS

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

KATHLEEN NEBEL - 5504 JORDAN COURT, JOHNSTON, IA 50131

LINDA MILLER - P.O. BOX 784, WAVERLY, IA 50677

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

MORGAN STREETER - 1611 11TH, DES MOINES, IA 50314

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

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

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

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

Name of the organization	Employer identification number
IA COALITION AGAINST DOMESTIC VIOLENCE	42-1285094

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS (CONTINUED)

MARLENE WOZNICZKA - 1111 UNIVERSITY AVE, DES MOINES, IA 50314

DAN BRICKNER - 908 WILLIS AVE, PERRY, IA 50220

BRANDYN WOODARD - 812 UNIVERSITY ST, CAMPUS BOX 0168, PELLA, IA 50219

NICOLE CISNE-DURBIN - 1521 47TH AVE, MOLINE, IL 61265

LANE TILL - 400 LOCUST ST, SUITE 265, DES MOINES, IA 50309

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

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

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

AS STATED IN THE BOARD OF DIRECTORS MANUAL: GOODS AND SERVICES SHALL NOT BE PURCHASED FROM A BOARD MEMBER OF THE ORGANIZATION (ICADV) OR FROM AN ORGANIZATION WITH WHICH THE BOARD MEMBER IS AFFILIATED UNLESS THERE IS SPECIFIC DETERMINATION THAT THE GOODS OR SERVICES ARE NOT AVAILABLE OTHERWISE. THE BOARD MUST APPROVE ANY TRANSACTION THAT FINANCIALLY BENEFITS A BOARD MEMBER, A BOARD MEMBER'S FAMILY, OR ANOTHER ORGANIZATION WITH WHICH A BOARD MEMBER IS AFFILIATED IN ANY MANNER.

BOARD MEMBERS ARE EXPECTED TO MAINTAIN PROFESSIONAL RELATIONSHIPS WITH ALL ICADV BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS AND MEMBERSHIP. PERSONAL RELATIONSHIPS OF A ROMANTIC OR OF A FAMILY NATURE ARE EXPRESSLY FORBIDDEN BETWEEN BOARD MEMBERS OR BETWEEN A BOARD MEMBER AND ANYONE WITHIN THE CHAIN OF ACCOUNTABILITY (EXECUTIVE DIRECTOR, STAFF, VOLUNTEERS, MEMBERSHIP).

IN ADDITION, BOARD MEMBERS ARE EXPECTED TO DISCLOSE ANY OTHER PERSONAL OR PROFESSIONAL RELATIONSHIP WHICH THEY BELIEVE MAY CREATE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER INVOLVED WILL ABSENT THEMSELVES FROM THE ROOM DURING THE DISCUSSION AND THE VOTE ON ANY MATTER RELATED TO THE CONFLICT OF INTEREST.

NO MORE THAN 49% OF THE PERSONS SERVING ON THE BOARD OF DIRECTORS MAY BE AN INTERESTED PERSON. AN INTERESTED PERSON IS ANY PERSON COMPENSATED BY ICADV FOR

Name of the organization

IA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

SERVICES RENDERED TO IT WITHIN THE PREVIOUS 12 MONTHS, WHETHER AS A FULL-TIME OR
PART-TIME EMPLOYEE, INDEPENDENT CONTRACTOR, OR OTHERWISE, EXCLUDING ANY REASONABLE
COMPENSATION PAID TO A BOARD MEMBER AS A MEMBER.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S SALARY AND BY APPROVING THE
BUDGET, THE EXECUTIVE DIRECTOR APPROVES OTHER STAFF SALARIES. WHEN THE BOARD
APPROVES THE EXECUTIVE DIRECTOR'S SALARY, A SALARY SURVEY, PREPARED BY ANOTHER
ORGANIZATION, IS MADE AVAILABLE TO THEM.

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

THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S SALARY AND BY APPROVING THE
BUDGET, THE EXECUTIVE DIRECTOR APPROVES OTHER STAFF SALARIES. WHEN THE BOARD
APPROVES THE EXECUTIVE DIRECTOR'S SALARY, A SALARY SURVEY, PREPARED BY ANOTHER
ORGANIZATION, IS MADE AVAILABLE TO THEM.

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

DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE
ON THE ORGANIZATION'S WEB SITE.

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

OMB No 1545-1709

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

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

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

- The books are in the care of ► JOAN KENNEDY

Telephone No. ► (515) 244-8028

FAX No. ► _____

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ☐ calendar year 20__ or
► ☒ tax year beginning 10/01, 20 09, and ending 9/30, 20 10

- 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 \$ 0.

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 \$ 0.

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 \$ 0.

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


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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

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

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

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

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

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

- 4 I request an additional 3-month extension of time until 8/15, 20 11
- 5 For calendar year _____, or other tax year beginning 10/01, 20 09, and ending 9/30, 20 10
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO THE GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification

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

Signature ☒ Kellynn Menners Title ☒ CPA Date ☒ 4/29/11