<u>.gqn</u>

EXTENDED TO AUGUST 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

2949323602415

20	<b>17</b>
Open to	

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning OCT 1. 2017 and ending SEP 30, C Name of organization D Employer identification number IOWA COALITION AGAINST DOMESTIC VIOLENCE 42-1285094 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (515)4725 MERLE HAY RD, STE 107 244-8028 City or town, state or province, country, and ZIP or foreign postal code 1,705,163. G Gross receipts \$ DES MOINES, IA 50322 H(a) Is this a group return F Name and address of principal officer BEATRIZ MATE-KODJO Yes X No for subordinates? SAME AS C ABOVE \_Yes No H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 4947(a)(1) or ) (insert no.) If "No." attach a list (see instructions) J Website: ► WWW.ICADV.ORG H(c) Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > Year of formation: 1985 M State of legal domicile: IA Part I | Summary Briefly describe the organization's mission or most significant activities TO ENGAGE ALL PEOPLE IN A Governance MOVEMENT TO CHANGE THE SOCIAL AND POLITICAL SYSTEMS THAT PERPETUATE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 10 RECEIVED 10 Number of independent voting members of the governing body (Part VI, line 4 Activities & Total number of individuals employed in calendar year 2017 (Part V, line 2a 3SO-S 27 5 AUG 13 2019 70 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 OGDFN 11T 7b 0. Prior-Year-**Current Year** 1,703,489 1,522,210. Contributions and grants (Part VIII, line 1h) 82,155 47,792. Program service revenue (Part VIII, line 2g) 1,298. 682. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39,368 89,954. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,826,310. 1,660,638. 203,069 213,127. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,263,158. 1,183,707. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 20,092. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 353,984. <u>273,458.</u> 820,211. 670,292. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,099. -9,654. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** <u>573,355</u>. <u>61</u>9,364. 20 Total assets (Part X, line 16) 233,428 288,843. 21 Total liabilities (Part X, line 26) 339,927. 330,521 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign JOAN KENNEDY. DIRECTOR OF FINANCE & ADMIN. Here vpe or print name and title Date PTIN Print/Type preparer's name P02069528 Paid WILLIAM BAUER self-employed 42-0731256 Preparer Firm's name MERIWETHER, WILSON, AND COMPANY, Firm's EIN Use Only Firm's address 4500 WESTOWN PARKWAY, SUITE 140 Phone no. 515 - 223 - 0002 WEST DES MOINES, IA 50266-6717 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form 990 (2017)

	1990 (2017) IOWA COALITION AGAINST DOMESTIC VIOLENCE 42-1285	094	<u>. Р</u>	age
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Ì
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	1	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ł	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		<u> </u>	
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	'	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	$ \mathbf{x} $	ĺ
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 114		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11.5		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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	1.0		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's departed of consolidated limitions statements for the tax year mode a restrict that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	u	<del></del> -	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	į į	1 1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1 1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	are are as Section to best a series at triangle triangle at a substitution (at brease and in the section of the		, I	

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2017)

18

18

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

20a but the organization operate one or more inspectal facilities 2" 1"Yes," complete Schedule H bit "Yes" to live 20a, did the organization stable a loopy of its audied inspects to this return? 21 but the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operation or the stable of the sta				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic government on Part X, column (A), line 27 if "Yes," complete Schedule I, Parts and if I and	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
domestic government on Part IX, column (A), line 17 if If Yes," complete Schedule I, Parts I and II  2 Did the organization report mere than \$5,000 of grank or other assistance to or for domestic individuals on Part IX, column (A), line 2? if Yes," complete Schedule I, Parts I and III  2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? if Yes," complete Schedule J. Part II and III a	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Note the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "res," complete Schedule I. Part I and III 22 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, fructises, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part IV and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer hies 24th brough 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an ecrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an ecrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization are that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is be organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, large employees, inclined any of these persons? If "Yes," complete Schedule L, Part IV is A family member of a current or former officer, director, trustee, or key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV is A family member of a current or former officer,	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (IA), line 27 ii "Yes," complete Schedule I, Parts I and III 2 Did the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule I, Part IV and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I/ "No", go to line 25a		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization is current and former officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule I was usual after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule II" In International American International Programment of the last day of the year, that was issued after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule II" International I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K "I "No", go to line 25a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J.  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pas," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a.  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  25c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II, bit the organization aware that it engaged in an excess benefit transaction with a disqualified person and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person? If "Yes," complete Schedule L, Part IV  25d Did the organization report any amount on Part X, line 5, 6, or 22 for secensables from or payables to any current or former officer, director, trustee, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  26a X.  27 X.  28b X.  28c	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X If "No"; go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds?  Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a  b Did the organization maintain an escriw account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization with a disqualified person of unity transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization "pror Forms 990 or 990-E27 If "yes," complete Schedule L, Part II  b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, furectors, trustees, key employees, in disease to any outrent or former officers, furectors, trustees, key employees, or disqualified persons? If "yes," complete Schedule L, Part III  D Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  mstructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Pa		Schedule J	23		X
Schedule K. If *No*, go to line 25a	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   24					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I" "yes," complete Schedule L, Part I that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I schedule L, Part I land that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I land that it has been reported on any of the organization's prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I land that it has been reported on any of the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 53% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and contributions of trapsic complete Schedule L, Part IV instructions of any of the organization required to more reflect, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or instruct		· ·			_X_
any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501c(s)3, 501c(s)4, and 501c(s)29 organizations. Did the organization engage 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-EZ7 // "Yes," complete Schedule L, Part I/  Did the organization avere 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-EZ7 // "Yes," complete Schedule L, Part I/  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?" "Yes," complete Schedule L, Part I// "As the organization a party to a business transaction with one of the following parties (see Schedule L, Part I// and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I// and the organization receive more than \$25,000 in one cash contributions?" "Yes," complete Schedule L, Part I// "Annity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I// "Annity member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I// "Annity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I// "Annity or the formal assets or the familiar assets, or qualified conservation contributions? If "Yes," complete Schedule Annity asset assets or qualified conservation contributions? If "Yes," complete Schedule Annity or transfer more than 25% of its net assets?			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spor Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I I 25b X  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28b X 37 X 38	С			ĺ	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  25b			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part II  25b ID the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  26	25a			ĺ	7.7
that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III and any organization party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M and Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II and Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II and Part V, line 1 and 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 and 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 and the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 and t			25a		<u> </u>
Schedule L, Part I  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M  29	Ь				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest competes Schedule L, Part II 26 X X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 5 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, director, director, trustee, or key employee (or a family member thereof) was an officer, director, director, director, trustee, or key employee (or a family member thereof) was an officer, director, director, trustee, or key employee (or a family member thereof) was an officer, director, di			051	i	v
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization includate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  32 Did the organization will, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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 II, III, or IV, and Part IV, III or	00	·	250		Α_
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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)  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  30 Did the organization will 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 II, III, or IV, and Part V, line 1  31 Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 2  32 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make a	40				
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III    27			26		Y
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or leve employee (or a family member thereof) was an officer, director, trustee, or leve employee (or a family member thereof) was an officer, director, trustee, or leve employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member there	27	•	20		
of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director or indirect owner? If "Yes," complete Schedule L, Part IV  28b X  29 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 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  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2  35 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, Ine 2  36 Section 501(c)(3) organizations. Did the organ	2.1				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-cha			27		x
instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 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  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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 fede	28				
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Note, All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers ar					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Ibid the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 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, Iine 2 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, Iine 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? I	а		28a		Х
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31					
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  So Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of 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  So 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  To 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 V, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
contributions? If "Yes," complete Schedule M  30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b 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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		contributions? If "Yes," complete Schedule M	30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32	31	Did the organization liquidate, terminate, or dissolve and cease operations?			
Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		If "Yes," complete Schedule N, Part I	31		<u> </u>
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  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	] ]	ļ	
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		Schedule N, Part II	32		<u> </u>
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O		·	33_		<u> </u>
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ĺ	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O			34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  The proof of the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X		, , , , , , , , , , , , , , , , , , , ,	35a		<u> </u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38  X	b			- 1	
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	_		35b		
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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	36		_	ļ	v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	•		36		<u> </u>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	37	· · · · · · · · · · · · · · · · · · ·			v
Note. All Form 990 filers are required to complete Schedule O	00		31		
	<b>ડ</b> ઇ		20	v	
		Note. All Point 330 filets are required to complete Schedule O			20171

ra ,	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   <u>1</u>							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	] 1						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	] _ '	],					
	(gambling) winnings to prize winners?		1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1				
	filed for the calendar year ending with or within the year covered by this return	2a 27	}						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)	)		3				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b_						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ${\bf r}$	authority over, a		1 1					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X				
þ	If "Yes," enter the name of the foreign country				ĺ				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)		_	X				
5а	ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
þ	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<b> </b>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			l				
	any contributions that were not tax deductible as charitable contributions?		6a	<b> </b>	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			l				
	were not tax deductible?	I	6b						
7	Organizations that may receive deductible contributions under section 170(c).		 7a		ا ا				
а									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		37				
_	to file Form 8282?		7c		X,				
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	7d	7.	]	X				
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7e 7f						
q	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	$\vdash$					
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?	-,	8		•				
9	Sponsoring organizations maintaining donor advised funds.				•				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		- ı				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b_						
10	Section 501(c)(7) organizations. Enter				i				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		,				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ĺĺ	. {	,				
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	11a		. }	i				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		. 1	.	1				
	amounts due or received from them )	11b			- '				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O		, ]		ţ,				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	,		į				
	organization is licensed to issue qualified health plans	13b	ļ		ı				
	Enter the amount of reserves on hand	13c		$\longrightarrow$	<del></del>				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								

Form 990 (2017) IOWA COALITION AGAINST DOMESTIC VIOLENCE 42–1285094 Page
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 Q. See instructions

•	to line 64, 6b, 01 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
<u>Sec</u>	tion A. Governing Body and Management						
	•		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1					
а	The governing body?	<u>8a</u>	X				
b	Each committee with authority to act on behalf of the governing body?	8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<del>, , , ,</del>				
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c	X				
	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	_X				
15	Did the process for determining compensation of the following persons include a review and approval by independent		ĺ				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		3,5				
	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	taxable entity during the year?	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		:				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
<u></u>	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 years and acceptant to make to Forms 1003 (av 1004 if applicable), 900, and 900 T (Section 501(a)/3) only a	valak					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallaD	ıø				
	for public inspection. Indicate how you made these available. Check all that apply						
	X Own website Another's website X Upon request Other (explain in Schedule O)	£	nual.				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınanı	Jal				
••	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records.		_				
	JOAN KENNEDY - (515) 421-4661						
	4725 MERLE HAY RD, STE 107, DES MOINES, IA 50322						

Form 990 (	2017)	IOWA	COALITION	AGAINST	DOMESTIC	VIOLENCE	42-1285094	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
•	Employees, and Independent Contractors									

Check if Schedule O contains a response or note to any line in this Part VII

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
- 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, if any See instructions for definition of "key employee"
- 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

Observation beautiful attended to the contract of the contract

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

	(F) Estimated amount of other compensation from the organization
Name and Title  Average   (do not check more than one box, unless person is both an officer and a director/trustee)   from from related   (list any   5	amount of other compensation from the organization
hours per box, unless person is both an officer and a director/trustee) from from related (list any grants) the organizations c	other compensation from the organization
(list any 호텔 the organizations c	compensation from the organization
(list any   g       the organizations   c   hours for   g   g   organization   (W-2/1099-MISC)	from the organization
hours for   =	organization
	-
related   0   0   0   0   0   0   0   0   0	and rainted
below   below	and related organizations
hours for related organizations below line)    Ine)   Ine)	organizations
(1) BONNIE BROWN 4.00	
BOARD CHAIR X X 0. 0.	0.
(2) KATHY NESTEBY 4.00	
VICE CHAIR X X 0. 0.	0.
(3) DARA JEFFERSON 4.00	
TREASURER X X 0. 0.	0.
(4) TRAVIS WELLS 4.00	
DIRECTOR X 0. 0.	0.
(5) BEATRIZ MATE-KODJO 4.00	_
DIRECTOR X 0. 0.	0.
(6) MONSERAT INIGUEZ 4.00	_
DIRECTOR X 0.	0.
(7) SHANNON ARCHER 4.00	_
DIRECTOR X 0. 0.	0.
(8) HIBO JAMA 4.00	
DIRECTOR X 0. 0.	0.
(9) DANIEL ZENO 4.00	_
DIRECTOR X 0. 0.	0.
(10) MELLISSA CANO ZELAYA 4.00	•
DIRECTOR X 0. 0.	0.
(11) LAURIE SCHIPPER 40.00	0
EXECUTIVE DIRECTOR X 72,000. 0.	0.
(12) JOAN KENNEDY 40.00	0
ASSISTANT DIRECTOR X 78,000. 0.	0.
,	
	<del></del>

	1990 (2017) IOWA COA											1285	094	<u>l</u> F	Page 8
Ра	Y VII Section A. Officers, Directors, Trus	1	ploy	/ees			ighe	st C	ompens		ì	<u></u>	<del>,                                    </del>		
·	( <b>A)</b> Name and title	(B) Average	(B) (C) Average Position							(D)	(E)	hla	_	(F)	
	Name and title	hours per	(do not chec				not check more than one unless person is both an			eportable npensation	Reporta		Estimated amount of		
		week			nd a c					from	from rela		"	othe	-
		(list any	rector	1						the	organizat		1	npens	
		hours for related	Individual trustee or director	冀			Highest compensated employee			ganızatıon /1099-MISC)	(W-2/1099-	MISC)	Į.	from tł ganiza	-
		organizations	truste	al trus		yee	la del		(** 2/	1033-141100)				nd rela	
		below	vodual	Institutional trustee	   हु	Key employee	hesto	Former					org	janizat	tions
		line)	를	ist i	Officer	Æ	E E	ᅙ	ļ				ļ		
			ļ			}	l		1						
				<u> </u>	╁	├	-		<del> </del>				<del> </del> -		
			1												
		-	1		<b> </b>		<u> </u>	T	ļ		<del> </del>		<del>                                     </del>		
			]				]		}				ļ		
	·· <del>··</del>	ļ		<u> </u>	ļ		_	<u> </u>	ļ				<u> </u>		
			-	ĺ	ĺ		ĺ	Î					ĺ		
			-	-	<u> </u>		├		<u> </u>		<del> </del>		<del>                                     </del>		
			ł	Ì	1	İ									
-		-	-	<u> </u>	<u> </u>										
			1		ł	1		ĺ	}		ļ				
-															
			L												
		<u> </u>		<u> </u>	<u> </u>	<u></u>	1	Ļ		50.000	<u> </u>		ļ		
	Sub-total									L50,000.		<u>0.</u>	-		_ 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A							1	<u>0.</u> L50,000.	<del> </del>	0.			0.
u	Total (add lines 16 and 16)  Total number of individuals (including but r	ot limited to th	ose	liste	ed al	hove	a) w	no re			0.000 of report				
_	compensation from the organization		.000				<b>-,</b> .								C
		· <del>=</del> ,			-									Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	уее	, or I	highest c	compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s												3	<del> </del>	X
4	For any individual listed on line 1a, is the su										the organization	on	-	٠ أ	٠. ٠
_	and related organizations greater than \$15										idual for conuc	200	4_	†	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							Ciali	eu organ	iization of indiv	idual loi servic	.65	5		Х
Sec	tion B. Independent Contractors	pioto contodan	<u> </u>	<u> </u>	<u> </u>	<del>50.0</del>									
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat recei	ved more than	\$100,000 of c	ompens	ation	from	
	the organization Report compensation for	the calendar y	ear e	<u>endı</u>	ng v	vith (	or w	ıthın	the orga	anızatıon's tax	year				
	(A)				_					(B)		1 ,		C)	
	Name and business	address	NC	INC	<u></u>			-		Description of s	——————————————————————————————————————	+-	Jonipe	ensatio	
		<del></del>	_					7			<del></del>	+			
								ĺ							
										_					
								_							
								+				+			
	Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	thos	se lis	 sted	above) v	who received m	nore than	+			
-	\$100,000 of compensation from the organi		J. 111		0	_ (	)	_				$\perp$			
													_	000	(0047)

		Check if Schedule O cont	ains a respons	e or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats ts	1 a	Federated campaigns	1a					
ž a	l t	Membership dues	1b					
S, G	(	Fundraising events	1c					
ar Sitt		Related organizations	1d					1
S,E		Government grants (contribut	ions) 1e	1,382,805.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	ts, and					
質量		similar amounts not included above	ve <b>1f</b>	139,405				
E S	g	Noncash contributions included in lines	1a-1f \$					
<u>ನ ಕ</u>	<u></u>	Total. Add lines 1a-1f		<b></b>	1,522,210.			
				Business Code			· ·	
ဗ	2 a	MEMBERSHIP DUES & FEES		900099	44,713.	44,713.		
e <u>v</u>	ļ t	TRAINING & CERTIFICATION	ON	900099	3,079.	3,079,		
Program Service Revenue	0	·		ļ				<del> </del>
Ra	c	l		<u> </u>			_ <del></del>	<u> </u>
Š,	e							<del></del>
	1	f All other program service revenue						
			<u> </u>		47,792.		<del></del>	<del></del>
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)			310.			310
	4	Income from investment of tax		<del> </del>		<del> </del> -		
	5	Royalties	() 5	() D				
		Crass rests	(ı) Real	(ii) Personal				
	6 a			<del>                                     </del>				
	b			<del>                                     </del>				
	d		L					
	7 a		(i) Securities	(II) Other	·		<del></del>	<u> </u>
	, 4	assets other than inventory	372	<del></del>				
	b			•				
	~	and sales expenses		,				
	c		372	1	ì			
	d			<u> </u>	372.	İ		372
đ	8 a		g events (not					
Other Revenue		including \$	of					
ě		contributions reported on line	1c). See					
μ		Part IV, line 18	•	131,740.		ļ		
Ĕ	b	Less. direct expenses		44,525.				
•	С	Net income or (loss) from fund	raising events	<b>•</b>	87,215.			87,215
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	•	•				
		Less direct expenses			-			
		Net income or (loss) from gam	=					
	10 a	Gross sales of inventory, less i	returns					
		and allowances	•	•				
		Less cost of goods sold		·				
	<u>c</u>	Net income or (loss) from sales		<u> </u>				
		Miscellaneous Revenue		Business Code				
		OTHER		900099	2,739.			2,739
	b		<del></del>	<del>  - +</del>			<del></del>	<del>                                     </del>
	C	<del></del>		<del>   </del>				<del> </del>
	d	All other revenue Total, Add lines 11a-11d			2,739,			<del> </del>
	ре 12	Total revenue See instructions			1 660 638	47.792.	0	90_636
	_14	10 tal 10 toll do Oct   Hati dout			T. 000.000	31,124		<u>, , , , , , , , , , , , , , , , , , , </u>

Sect	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respo	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	127,589.	127,589.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	85,538.	85,538.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	149,231.	35,000.	101,731.	12,500.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ľ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	786,013.	786,013.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<del></del> _			·
9	Other employee benefits	171,595.	153,125.	18,470.	
10	Payroll taxes	76,868.	66,259.	10,609.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	4= =00	45 500		
C	Accounting	15,788.	15,788.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	·		<del></del>	
f	Investment management fees			<del></del>	_ <del>-</del>
g	Other (If line 11g amount exceeds 10% of line 25,	15 177	10 404	2 772	
	column (A) amount, list line 11g expenses on Sch O.)	15,177.	12,404. 8,192.	2,773.	050
12	Advertising and promotion	15,969.	4,070.	6,927. 1,637.	850. 252.
13	Office expenses	5,959.	4,070.	1,03/	454.
14	Information technology				<del></del>
15	Royalties	59,058.	57,743.	1,240.	75
16	Occupancy	48,023.	35,390.	12,090.	
17	Travel	40,023	35,390.	12,090.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings				
19	Interest			<del></del>	
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	10,127.		10,127.	
23	Insurance	15,172.	15,172.		
23 24	Other expenses Itemize expenses not covered	15,1720	13,1720		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND MEMBERSHIPS	18,432.	8,857.	9,529.	46.
b	POSTAGE AND PRINTING	14,033.	13,188.	404.	441.
С	COMMUNICATIONS	13,340.	13,040.	300.	
d	FUNDRAISING	12,366.		7,095.	5,271.
е	All other expenses	30,014.	21,069.	8,831.	114.
25	Total functional expenses Add lines 1 through 24e	1,670,292.	1,458,437.	191,763.	20,092.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
70004	0 11-28-17				Form <b>990</b> (2017)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 336,901. 267,411 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 220,409. 222,414 3 3 Pledges and grants receivable, net 27,358. 21,089. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 23,955. 18,195. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 60,930. basis Complete Part VI of Schedule D 10a 17,165. 53,892 7,038. b Less, accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15,732. 15,052 15 Other assets. See Part IV, line 11 15 573,355. 619,364. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,229. 28,465. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 157,307 205,544. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 52,892 54,834. Schedule D 233,428. 288,843. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 339,927. 27 330,521. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 339,927. 330,521 33 33 Total net assets or fund balances 619,364. 573,355. Total liabilities and net assets/fund balances 34

	1990 (2017) IOWA COALITION AGAINST DOMESTIC VIOLENCE	<u>42</u>	<u>-12850</u>	94	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 38.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,			92.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>54.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>33</u>		27.
5	Net unrealized gains (losses) on investments	5			2	48.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	[ ]				
	column (B))	_ 10		33	0,5	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					므
					Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other			J		!
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_	_		ات ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				ì
	separate basis, consolidated basis, or both.			l		. ]
	Separate basis Consolidated basis Both consolidated and separate basis					]
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both					•
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			;
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	) [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		I	_ [		_ ;
	Act and OMB Circular A-133?	-	1	3a	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ļ			
	or quidite, explain why in Schedulo O and describe any store taken to undergo such audits			3h	x	

Form **990** (2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

TOWN CONTITUTION AGAINST DOMESTIC VIOLENCE

Employer identification number

		IOWA	COALITION	AGAINST DOM	ESTIC	VIOI	ENCE	4	2-1285094	
Pa	art I	Reason for Public	Charity Status (	All organizations must c	omplete th	ns part ) S	ee instructions	3	- <u></u> -	
ſhe	organ	zation is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box)				
1		A church, convention of ch	nurches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(i).		19	
2		A school described in sect	tion 170(b)(1)(A)(ii). (	(Attach Schedule E (Forr	n 990 or 9	90·EZ))			V I	
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	D(b)(1)(A)(ı	п).		• 1	
4		A medical research organiz					· ·	(iii). Enter	the hospital's name,	,
		city, and state	·					•		
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental u	ınıt descri	ped in	
		section 170(b)(1)(A)(iv). (0		·	•	, ,				
6		A federal, state, or local go	•	mental unit described in	section 1	70(b)(1)(A)	I(v).			
	$\overline{\mathbf{x}}$	An organization that norma	_					he genera	l public described in	
•		section 170(b)(1)(A)(vi). (C		initial part of no cappoint		01111101110		, ,	paono accombca in	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \					
9	$\overline{}$	An agricultural research org				ed in conii	inction with a	land-grant	college	
9		or university or a non-land-								
		university	grant conege or agric	ulture (see instructions)	Enter the	maime, cit	y, and state of	THE COILE	J <del>e</del> 01	
10		An organization that norma	illy recourse (1) more	than 22 1/20/ of its sur	anort from	contributi	one members	hin food	and gross receipts fr	
10										
		activities related to its exer	•	•	• •				<del>-</del>	Brit
		income and unrelated business.		(less section 511 tax) if	om busine	sses acqu	ined by the oil	gariization	alter June 30, 1975	
		See section 509(a)(2). (Co	-		efatu Can		20(=)(4)			
11	$\exists$	An organization organized a						rn, out th	nurnaces of one or	
12		more publicly supported or		•						
		lines 12a through 12d that							SHECK THE DOX III	
_		Type I. A supporting orga	• •	•		-		•	/ alvina	
а		the supported organization	•	•					• •	
					a majority	or trie dire	ctors or truste	65 OI 1116 S	supporting	
		organization. You must of Type II. A supporting org	-		tion with it	e cupper	ad arganizatio	n/a\ by ba	nuna.	
Ь	_	control or management of	•				-		-	
		organization(s) You mus			anie perse	ons mat co	ontroi or mana	ge the sup	ported	
_	Г	Type III functionally inte	•		in connec	tion with	and functional	ly integrat	ed with	
C	<u> </u>	its supported organizatio	-	- ·				iy iiitegiat	eu wiiri,	
		Type III non-functionally						ted organ	ization(e)	
u	_	that is not functionally int	, , , , , , , , , , , , , , , , , , , ,	• •			• •	•	• •	
		requirement (see instruct	•	• .	-			an attorn	14011033	
_	_	Check this box if the orga	•	•				II Tyne III		
٠		functionally integrated, or					. 1, po 1, 1, po	, 1,50		
f	Ente	r the number of supported of		many magnator capper.	g 0g					
		ide the following information	· ·	ed organization(s)					<u> </u>	_
		Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of	monetary	(vi) Amount of other	r
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	ns)
				above (see morraone.is)						
			_							
					· <del>-</del>					
_										

# Schedule A (Form 990 or 990 EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42 - 1285094 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1,175,348,	1,362,178,	1,865,709,	1,703,489.	_ 1,522,210,	7,628,934.
2	Tax revenues levied for the organ-					i	
	ization's benefit and either paid to						
	or expended on its behalf		1				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1			
4	Total. Add lines 1 through 3	1,175,348,	1,362,178,	1,865,709.	1,703,489.	1,522,210,	7,628,934,
	The portion of total contributions		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	[	ĺ				
	on line 1 that exceeds 2% of the					,	
	amount shown on line 11,	}	ł				
	column (f)					1	
6	Public support. Subtract line 5 from line 4		-				7 628 934
Sec	etion B. Total Support	<del></del>		<del></del>			7,020,334,
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,175,348,	1 362 178	1.865.709.	1,703,489.	1,522,210,	7,628,934,
	Gross income from interest.	1,173,310.	1,302,170.	2,000,700.	2,700,100.		7,020,334,
	dividends, payments received on			1	}		
	securities loans, rents, royalties,	1					
	and income from similar sources	279.	284.	231.	288.	310.	1,392.
q	Net income from unrelated business		2011				
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	-			·		
10	or loss from the sale of capital	<u> </u>	j	}		j	
	assets (Explain in Part VI)	7,825.	6,502.	22,924.	35,641.	87,215.	160,107.
44	Total support. Add lines 7 through 10	7,025.	0,302.	24,724	33,041.	07,213.	7,790,433,
	Gross receipts from related activities,	ete (eee petruetie	ne)			12	502,654.
	First five years. If the Form 990 is for	•	•	fourth or fifth tax	l Octobe a section		302,034.
13	organization, check this box and stop	-	mst, second, tima	, routin, or markax	year as a section	1001(0)(0)	
Sec	ction C. Computation of Publi		centage			<del></del>	
	Public support percentage for 2017 (I			olumn (fl)	<u> </u>	14	97.93 %
	Public support percentage from 2016		-		Í	15	98.83 %
	33 1/3% support test - 2017. If the o	•	-	line 13, and line 14	ں 4 is 33 1/3% or m		
.00	stop here. The organization qualifies					0.0, 000	<b>▶</b> X
h	33 1/3% support test - 2016. If the o	• • •		ne 13 or 16a, and li	ine 15 is 33 1/3%	or more, check th	· · ·
Ü	and stop here. The organization quali					0, 111010, 011001t an	▶□
172	10% -facts-and-circumstances test	•			13 16a or 16b a	nd line 14 is 10% i	or more
174	and if the organization meets the "fac	<del>-</del>					
	meets the "facts-and-circumstances"					ion ale organi	<b>L</b>
L	10% -facts-and-circumstances test	-				7a and line 15 is 1	<b>-</b> □ □ 10% or
Ö	more, and if the organization meets th						1070 OI
							▶□
40	organization meets the "facts-and-circ Private foundation. If the organization		_				
10	Frivate foundation. If the organization	n did not check a b	Ox 011 11110 13, 10a	100, 174, 01, 170,		dule A (Form 990	

# Schedule A (Form 990 or 990 EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42 – 1285094 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests lister	d below, please con	nplete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	t					
include any "unusual grants ")						ļ
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513			1			
4 Tax revenues levied for the organ-	\					<del></del>
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	٥			1		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	d					
3 received from disqualified person	ıs					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c),2015	(d) 2016	(e) 2017	(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>b</b> Unrelated business taxable income					]	
(less section 511 taxes) from businesse	ıs					
acquired after June 30, 1975		<del>                                     </del>		-		
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>	is					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12	) <u></u>		<u> </u>			<u> </u>
14 First five years. If the Form 990 is	for the organization	's first, second, thii	rd, fourth, or fifth ta	ax year as a sectio	ın 501(c)(̀3) organız	ation,
check this box and stop here						
Section C. Computation of Pu	blic Support Pe	ercentage				
15 Public support percentage for 2017	7 (line 8, column (f) o	divided by line 13, o	column (f))		15	%
16 Public support percentage from 20	16 Schedule A, Par	t III, line 15			16	<u>%</u>
Section D. Computation of Inv	estment Incom	ne Percentage				
17 Investment income percentage for	2017 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from	n <b>2016</b> Schedule A,	, Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	ne organization did i	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not \
more than 33 1/3%, check this box b 33 1/3% support tests - 2016. If the		-				and 🔪
line 18 is not more than 33 1/3%, c						a.iu
20 Private foundation of the organization						

### Schedule A (Form 990 or 990 EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42 - 1285094 Page 4

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	Organia	zations

1	Are all of the organization's supported organizations listed by name in the organization's governing					
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated is					
	class or purpose, describe the designation If historic and continuing relationship, explain.					

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
		ا _ ا
2		
3a		<del>-</del>
3b	-	
3 <u>c</u>		
4a		
AL		- •
4b		,
		اً
4c		
		•
5a		
5b		
5c		
		1
_		- 4
6		<del></del> ,
 7		
8		
		<del></del> .
9a		~-
9b		. :
	-	!
9c		
10a		
10b	-	
990 or 99	0-EZ)	2017

Scho <b>Pa</b>	edule A (Form 990 or 990-EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42 - 1 It IV   Supporting Organizations (continued)	28509	<b>4</b> P	age 5
<u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	1.10
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		l	.
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<del>                                     </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			···
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			į
	controlled the organization's activities. If the organization had more than one supported organization,			Ι,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		[	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1		- '
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	<del> </del>	<del>-</del>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			]
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			] ;
	supervised, or controlled the supporting organization.	2		:
Sec	stion C. Type II Supporting Organizations		<u> </u>	<u> </u>
<del>900</del>	Mon of Type is cupper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	_ <del></del>	163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	1
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	} ]		,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		<del></del> -
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	'
2				-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	• -	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	)c)		———
1 a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ii	etructions	٠)	
с 2	Activities Test. Answer (a) and (b) below.	131.100110113	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			t
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			4
	activities but for the organization's involvement	_2b		<del></del>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		!
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			]
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	l l	

Schedule A (Form 990 or 990 EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42-1285094 Page 6 `Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions, All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990 EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42-1285094 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2017 from Section C. line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) J Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3) and 4c 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Part VI Supplemental Part IV, Section A, line 1, Part IV, Sec	Z) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42 – 1285094 Page 8 Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, tion D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER	
2013 AMOUNT: \$	7,825.
2014 AMOUNT: \$	2,729.
NET INCOME FROM	FUNDRAISING EVENTS
2014 AMOUNT: \$	3,773.
2015 AMOUNT: \$	22,924.
2016 AMOUNT: \$	35,641.
2017 AMOUNT: \$	87,215.
<u> </u>	<u>'</u>

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IOWA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number

42-1285094 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year **2**a Total number of conservation easements 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 7/25/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	rt III Organizations Maintaining (	Collections of A							age ∠
	Using the organization's acquisition, access								
3	(check all that apply)	ion, and other record	is, check any or the	iollowing that are a	Significant	226 01 112	Collectio	n item	5
_	Public exhibition		. Dianaraya	hange programs					
a b	Scholarly research	d		mange programs					
C	Preservation for future generations	е	Onlei						
4	Provide a description of the organization's c	allastions and avalou	n how thou further t	ho organization's o	compt purpo	eo in Dar	+ VIII		
5	During the year, did the organization solicit of					15 <del>6</del>	CAIII.		
9	to be sold to raise funds rather than to be m				iai asseis	Г	Yes		No
Pa	rt IV Escrow and Custodial Arran				on Form 990	Dart IV		<u></u>	1 140
	reported an amount on Form 990, Pa		ete ii tile organizatio	manswered res (	JII I OIIII 330	, raitiv,	m1 <del>0</del> 3, 01		
12	Is the organization an agent, trustee, custod		liany for contribution	e or other assets n	ot included				
14	on Form 990, Part X?	ian or other intermed	nary for contribution	is or other assets in	ot included	[-	Yes	ſ	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llovino table:				J 162	L	1 140
b	ii res, explain the analogement iii rait xiii	and complete the lo	nowing table				Amoun		
С	Beginning balance				1c		Amoun	<u>.                                    </u>	
	Additions during the year				1d		<del>-</del>		
e	Distributions during the year				1e				
f	Ending balance				1f				
-	Did the organization include an amount on F	orm 990 Part Y line	21 for escrow or co	istodial account hal			Yes		No
	If "Yes," explain the arrangement in Part XIII					L	J 169		וני ו
Pai									<del>'</del>
		(a) Current year	(b) Prior year	(c) Two years back	1	ears back	(e) Four	vears !	back
1a	Beginning of year balance	15,052,	13,671,	12.841	T	13,410,	(6) 1 551		566.
b	Contributions	13,032,		12,041	<b>'</b>	10,410,			300.
c	Net investment earnings, gains, and losses	930.	1,631.	1,080		-319.	-		094.
d	Grants or scholarships			1,000	•		L		024,
e	Other expenditures for facilities						<u> </u>		
·	and programs								
f	Administrative expenses	250.	250.	250		250.			250.
g g	End of year balance	15,732.	15,052.	13,671		12,841.			410.
2	Provide the estimated percentage of the curr				•1	12,011,			<u> 110,</u>
- а	Board designated or quasi-endowment	100.00	%	-,, · · · · · · · · · · · · · · · · · ·					
ь	Permanent endowment ► .00	%							
c	Temporarily restricted endowment ▶	.00 %							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organiza	ation			
	by.	J			· ·		ſ	Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		X
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	•							
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, Part	X, line 10				
	Description of property	(a) Cost or ot	<del></del>		Accumulate	d	(d) Book	< value	,
		basis (investm			epreciation		• •		
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment		6	0,930.	53,89	2.		7,03	38.
е	Other								
	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (B) line 1	0c)				7.03	38.

(A) (B) (C) (C) (D) (E) (F) (G) (H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  [otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶	Schedule D (For	rm 990) 2017 IOWA COAL:	ITION AGAINS	T DOM	MESTIC V	IOLENCE	42-1285094	Page 3
(a) Description of absorption of absorption prematary named asserting (b) Book value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Colosely-held quouy interests (d) Other (A) (S) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Part VIII In	vestments - Other Securities.						
(1) Francal derivatives (2) Closely-held equity interests (3) Other (V) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10								
(2) Closely-held equity interests   (3) Other   (4)   (5)   (6)   (7)   (7)   (8)   (9)			ty) <b>(b)</b> Book value	Э	(c) Method of	f valuation Cost of	r end-of-year market v	alue
(3) Other (4) (5) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1) Financial de	rivatives						
A		l equity interests						
(G) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other						<u>.</u>	
C    C    C    C    C    C    C    C	(A)						<u> </u>	
(b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B)							
(5)   (7)   (7)   (7)   (8)   (9)   (9)   (10)	(C)					·		
(G)   (G)   (H)   (D)   (must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments - Program Related.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13     (a) Description of investment   (b) Book value   (c) Method of valuation. Cost or end-of-year market value     (1)	(D)				· <del></del> -			
(G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(E)							
Total (Cot. (b) must equal Form 990, Part X, cot. (8) line 12.)   Total (Cot. (b) must equal Form 990, Part X, cot. (8) line 12.)	(F)							
Total (Col. (b) must equal Form 990, Part X, col. (8) line 12.   Description	(G)							
Part VIII   Investments - Program Related.	(H)							
Part VIII   Investments - Program Related.	Total (Col. (b) mu	ust equal Form 990, Part X, col. (B) line 12.)						
(a) Description of Investment (b) Book value (c) Method of valuation. Cost or end of-year market value (1)								
(a) Description of Investment (b) Book value (c) Method of valuation. Cost or end of-year market value (1)	Co	mplete if the organization answered "Ye	es" on Form 990, Part I	V, line 11c	See Form 990	), Part X, line 13		
(2) (3) (4) (5) (6) (7) (8) (9) (91) (101) (101) (101) (101) (102) (103) (104) (105) (105) (106) (107) (107) (108) (108) (109	(8	a) Description of investment			(c) Method of	valuation. Cost or	end-of-year market v	alue
(2) (3) (4) (5) (6) (7) (8) (9) (91) (101) (101) (101) (101) (102) (103) (104) (105) (105) (106) (107) (107) (108) (108) (109	(1)							
(3) (4) (5) (6) (7) (8) (9) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX   Other Assets.  (a) Description   (b) Book value   (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description   (b) Book value   (b) Book value   (c) Description (b) must equal Form 990, Part X, col (B) line 15)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability   (b) Book value   (1) Federal income taxes   (2) COMPENSATED ABSENCES   54,834. (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 54,834.								
(4) (5) (6) (7) (8) (9) Fotal (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 54,834.								
(5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (10) (10) (10) (10) (10) (10) (10) (10								
(6) (7) (8) (9)  Total ((oL, (b) must equal form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 54,834.								
(7) (8) (9)    fotal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15    (a) Description   (b) Book value			+				<del></del>	
(8) (9) (9) (9) (9) (10tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15    (a) Description   (b) Book value			<del></del>				<del></del>	
(9)		<del></del>						
Total   (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   ▶								
Part IX		ist equal Form 990, Part X, col. (B) line 13.)	<u> </u>	- i-			•	
(a) Description (b) Book value  (1)			<del></del>					
(a) Description (b) Book value  (1)	Coi	mplete if the organization answered "Ye	es" on Form 990, Part I	V, line 11d	See Form 990	), Part X, line 15		
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (9) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (9) (10) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (11) Foderal income taxes (12) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (13) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (14) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (15) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25)				<del></del>		· <u> </u>	(b) Book val	ue
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (9) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (9) (10) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (11) Foderal income taxes (12) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (13) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (14) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25) (15) Fotal (Column (b) must equal Form 990, Part X, col (B) line 25)	(1)			•				
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) COMPENSATED ABSENCES   54,834. (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)   54,834.								
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES 54,834.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)						·		
(5) (6) (7) (8) (9)    Cotal. (Column (b) must equal Form 990, Part X, col (B) line 15)   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES 54,834.  (3) (4) (5) (6) (7) (8) (9)    Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)			<del></del>					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  > 54,834.		<del></del>						
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) COMPENSATED ABSENCES 54,834. (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)								
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES 54 , 834 .  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 54 , 834 .		***	***************************************		<del></del>			
(9)    Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   1. (a) Description of liability (b) Book value (1) Federal income taxes (2) COMPENSATED ABSENCES 54,834.   (3) (4) (5) (6) (7) (8) (9) (9)   (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1								
Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.								***********
Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         54,834.           (2) COMPENSATED ABSENCES         54,834.           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (8)           (9)         (8)           (1) Form (b) must equal Form 990, Part X, col (B) line 25)         54,834.		h) must equal Form 990, Part X, col. (B)	line 15 )					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES 54,834.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			ine 101				<del></del>	
(a) Description of liability (b) Book value  (1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  (b) Book value  54,834.			es" on Form 990 Part IV	V line 11e	or 11f See Fo	rm 990. Part X. line	e 25.	
(1) Federal income taxes (2) COMPENSATED ABSENCES (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  54,834.			, o o o o o o o o o o o o o o o o o o o			1		
(2) COMPENSATED ABSENCES  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  54,834.		<del></del>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>			1
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  54,834.					54 834	-		]
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   54,834.		ENDATED ADDENCED_				*		1
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  ▶ 54,834.					<del></del>	$\dashv$		1
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)  ▶ 54,834.				<b>-</b>		$\dashv$		i
(7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  54,834.				<del> </del> -		-∤		1
(8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ► 54,834.	<del></del>					$\dashv$		į
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 54,834.			<u> </u>	<del> </del>	<del>_</del>	$\dashv$		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)   54,834.			<del></del>	<del> </del>		-		í
				<b> </b> -	E4 034			
				<del></del>				

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

	rt XI Reconciliation of Revenue per Audited Financial State			1285094 Page 4
•	Complete if the organization answered "Yes" on Form 990, Part IV, line	-		
1	Total revenue, gains, and other support per audited financial statements		1	1,705,411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains (losses) on investments	248 248	.]	
b	Donated services and use of facilities	2b	7	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d 44,525.	] ]	
e	Add lines 2a through 2d	11/383	2e	44,773.
3	Subtract line 2e from line 1		3	1,660,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		- <del></del> -	
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	1	
c	Add lines 4a and 4b	_ 40	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,660,638.
	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per	<u> </u>	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	·		••••
1	Total expenses and losses per audited financial statements		1	1,714,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>
ے a	Donated services and use of facilities	2a	) )	
a b	Prior year adjustments	2b	1 1	
0	Other losses	20	1	
ن	Other (Describe in Part XIII )	2d 44,525.	1 1	
d	Add lines 2a through 2d	20 44,525	2e	44,525.
е 3	Subtract line 2e from line 1		3	1,670,292.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1.		<del> </del>	1,010,232.
4		40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII )	_40	1 . 1	0
c	Add lines 4a and 4b		4c	1,670,292.
5 Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	<del></del>	1_5_1	_1,070,292.
lines	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a RT V, LINE 4:		4, Part	X, line 2, Part XI,
	ORGANIZATION INTENDS TO USE THE ENDOWM	ENT FUND FOR LONG	TERI	M STABILITY
<u>ANI</u>	DECREASED DEPENDANCY ON GOVERNMENT FUNI	DS.		
<u>THI</u>	E ENDOWMENT FUND WAS ESTABLISHED BY THE	ORGANIZATION USING	UNI	RESTRICTED
FUI	IDS.			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:			<del></del>
FUI	IDRAISING EXPENSES NETTED WITH REVENUE			44,525.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:			
FUI	DRAISING EXPENSES NETTED WITH REVENUE			44,525.

Schedule D (Form 990) 2017	IOWA	COALITION	AGAINST	DOMESTIC	VIOLENCE42-	1285094	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	rmation (	continued)					
•							
						<del></del>	
				<del></del>			
						<del></del> -	
		<del></del>		<del></del>			
						· · · · · · · · · · · · · · · · · · ·	
	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	·	
		<del></del>	<del></del>	<del></del>			
		<del></del>		<del></del>			
	<del></del>		<del></del>			<del></del>	
				<del></del>	<del></del>		
					<u></u>		
			<del></del>				
<del></del>							
			-	<del></del>			
				·			

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶ Go to www.lrs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 42-1285094 IOWA COALITION AGAINST DOMESTIC VIOLENCE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ 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 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity òrganization listed in col. (i) No Yes Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42-1285094 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events NONE WINE, WOMEN (add col (a) through SHOES col (c)) (event type) (total number) (event type) 131,740 131,740. Gross receipts 2 Less: Contributions 131,740 131,740. Gross income (line 1 minus line 2) 6,399 6,399. Cash prizes Noncash prizes Direct Expenses Rent/facility costs 5,105. 5,105. Food and beverages 8 Entertainment 33,021. Other direct expenses 33,021 44,525 10 Direct expense summary Add lines 4 through 9 in column (d)  $\triangleright$ 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes % Yes Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a is the organization licensed to conduct gaming activities in each of these states? \_ No **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes

b If "Yes," explain

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2017 IOWA COALITION AGAINST DOMESTIC VIOLENCE 42 -	<u> 1285094</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 '	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in.		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	3 3 3 3 3 3 3 3 3		
	Name		
	Address >		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
isa	boes the organization have a contract with a third party from whom the organization receives gaining revenue?	163	140
	16 "Ver II and a the ground of a series and the state of the series of t		
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address		
16	Gaming manager information		
	Name <b>&gt;</b>		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			<u></u>
	Director/officer Employee Independent contractor		
	bliector/onicei Employee maependent contractor		
4-	NA - data data data		
	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>	<u> —</u>
	retain the state gaming license?	Yes	L No
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 > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, I	ines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule C	(Form 990 or 990 EZ) Supplemental Inf	AWOI	COALITION	AGAINST	DOMESTIC	VIOLENCE 42	<u>-1285094</u>	Page 4
Part IV	Supplemental Inf	ormation (c	ontinued)					
•								
		<u></u> -		***				
						-		
	<u></u>	<del></del>		••••				
<del></del>			<del></del>		<del>.</del>			
		<del></del>			<u> </u>			-
		<del></del> -		·				
	<del> </del>				· <del></del> -			
			<del></del>					
						·		
				<del> </del>				
				<del> </del>				
	<del></del>			_			<del></del>	
						<u>-</u>		
			<del></del>					
		<u></u>	<del></del>					
					<u></u>			
				<u> </u>				
		·· <u>-</u> -	<del></del>	<u></u> _				
<del></del>		<u></u>		·				
	· · · · · · · · · · · · · · · · · · ·							
					<u> </u>			

# SCHEDULE 1 (Form 990)

Department of the Treasury internal Revenue Service

\_\_\_\_\_\_

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

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

▼ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017
Copen to Public Inspection

2 Employer identification number 42-1285094 (h) Purpose of grant or assistance INTEGRATED SERVICES INTEGRATED SERVICES NTEGRATED SERVICES NTEGRATED SERVICES INTEGRATED SERVICES NTEGRATED SERVICES INANCIAL LITERACY PROJECT, ALLSTATE X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ROJECT ROJECT ROJECT ROJECT PROJECT 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, ο. 。 0 Ö 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States IOWA COALITION AGAINST DOMESTIC VIOLENCE recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 451, 20,423 607 9 865 13,177 19,639 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(C)(3) 501(c)(3)501(C)(3) 501(C)(3) 42-1372343 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 42-1114396 42-1012435 42-1185690 39-1900255 42-0698225 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization - 911 COURT ST. - ADEL, IA CRISIS INTERVENTION AND ADVOCACY FAMILY CRISIS CENTERS OF NW IOWA AREA SUBSTANCE ABUSE COUNCIL ZION RECOVERY SERVICES, INC. JACKSON RECOVERY CENTERS or government CEDAR RAPIDS, IA 52404 IA 51250 FAMILY RESOURCES, INC. IA 51101 DAVENPORT, IA 52803 Name of the organization ATLANTIC, IA 50022 2800 EASTERN AVE. 3601 16TH AVE SW 601 WALNUT ST SIOUX CENTER, P.O. BOX 295 SIOUX CITY 800 5TH ST CENTER Part II Part 50003

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

Schedule I (Form 990) (2017)

IOWA COALITION AGAINST DOMESTIC VIOLENCE Schedule I (Form 990) (2017)

Part III | Grants and Other

- Page 2

42-1285094

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated 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 noncash assistance
SCHOLARGHIPS	04	ς. α α α	C		
FINANCIAL LITERACY STIPENDS	461	32,650.	o		
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2, Part III, column	(b); and any other a	Part I, line 2, Part III, column (b); and any other additional information	
PART I, LINE 2:					
FOR THE INTEGRATED SERVICES PROJECT,		IZATIONS R	ECEIVING	ORGANIZATIONS RECEIVING FUNDS ATTACH	
SUPPORTING DOCUMENTATION TO THE CLAIM	AIM FORM.		GRAM COORD	THE PROGRAM COORDINATOR IS IN	
CONTACT WITH THE SUBRECIPIENT ORGANIZA	NIZATION	S TO ENSUR	TIONS TO ENSURE COMPLIANCE WITH	CE WITH THE	
PROGRAM REQUIREMENTS.					

SCHOLARSHIPS ARE AWARDED TO RECIPIENTS BASED ON A COMPETITIVE APPLICATION

BOOKS AND SUPPLIES FOR PROGRAM DIRECTOR PURCHASES TUITION, PROCESS.

PROGRAM DIRECTOR OBTAINS RECEIPTS FOR ALL SCHOLARSHIP RECIPIENTS.

Schedule   (Form 990)
DISBURSEMENTS, RECEIPTS ARE PROVIDED TO FUNDER ALONG WITH A WRITTEN
EXPLANATION OF DISBURSEMENTS. COPIES OF ALL RECEIPTS ARE RETAINED BY THE
ORGANIZATION.
THE FINANCIAL LITERACY PROJECT PROVIDES STIPENDS TO PROGRAM PARTICIPANTS
FOR COMPLETION OF TRAINING MODULES RELATING TO FINANCIAL LITERACY.
STIPENDS ARE MINIMAL IN AMOUNT, AND ARE PROVIDED TO PARTICIPANTS ONLY AFTER
FINANCIAL LITERACY TRAINING MODULES ARE COMPLETED.
,
1

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

IOWA COALITION AGAINST DOMESTIC VIOLENCE

Employer identification number 42-1285094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VOILENCE AGAINST WOMEN. WE DO THIS THROUGH EDUCATION, ADVOCACY, AND
QUALITY SERVICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DOMESTIC VIOLENCE PROGRAMS IN IOWA; AND 3.) TO RAISE PUBLIC AWARENESS
AND KNOWLEDGE CONCERNING THE DYNAMICS OF DOMESTIC VIOLENCE TO ENHANCE
SERVICE DELIVERY AND CRISIS RESPONSE TO VICTIMS/SURVIVORS OF DOMESTIC
VIOLENCE AND THEIR FAMILIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
INTEGRATED SERVICES - PROGRAM TO ESTABLISH NEW AND TO ENHANCE EXISTING
PARTNERSHIPS BETWEEN DOMESTIC VIOLENCE PROGRAMS AND SUBSTANCE ABUSE
TREATMENT AGENCIES, TO DEVELOP AND PROMOTE A STRONG COORDINATED
COMMUNITY RESPONSE TO DOMESTIC VIOLENCE, AND TO EVALUATE THE
INSTITUTIONAL RESPONSES TO VARIOUS PROGRAMS PROVIDED TO BATTERED
SUBSTANCE ABUSE USING WOMEN BY CONDUCTING SAFETY AND ACCOUNTABILITY
AUDITS. THE COALITION WORKED WITH THE UNIVERSITY OF NORTHERN IOWA'S
INTEGRATED SERVICES PROJECT ON THIS PROGRAM.
EXPENSES \$ 172,571. INCLUDING GRANTS OF \$ 80,039. REVENUE \$ 0.
VIOLENCE AGAINST WOMEN ACT (VAWA) TECHNICAL ASSISTANCE - PROGRAM
PROVIDES TECHNICAL ASSISTANCE, TRAINING AND POLICY AND SERVICE
DEVELOPMENT FOR DOMESTIC VIOLENCE PROJECTS STATEWIDE.
EXPENSES \$ 90,006. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization **Employer identification number** IOWA COALITION AGAINST DOMESTIC VIOLENCE 42-1285094 FUTURES WITOUT VIOLENCE-EXPENSES \$ 67,999. INCLUDING GRANTS OF \$ 40,000. REVENUE \$ 0. OTHER PROGRAMS INCLUDE SCHOLARSHIPS, FINANCIAL LITERACY AND OTHER PROGRAMS IN SUPPORT OF THE ORGANIZATION'S EXEMPT PURPOSE. EXPENSES \$ 125,009. INCLUDING GRANTS OF \$ 93,088. REVENUE \$ 47,792. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE COMMITTEE REVIEWS THE 990, INCLUDING THE BOARD TREASURER. FORM 990, PART VI, SECTION B, LINE 12C: 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 Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

Cahadula O (Faura 000 av 000 F7) (0017)	B
Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization  IOWA COALITION AGAINST DOMESTIC VIOLENCE	Page 2 Employer identification number 42-1285094
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 TH	EMSELVES FROM THE
ROOM DURING THE DISCUSSION AND THE VOTE ON ANY MATTER REL	ATED TO THE
CONFLICT OF INTEREST.	
NO MORE THAN 49% OF THE PERSONS SERVING ON THE BOARD OF D	IRECTORS MAY BE AN
INTERESTED PERSON. AN INTERESTED PERSON IS ANY PERSON CO	MPENSATED BY ICADV
FOR SERVICES RENDERED TO IT WITHIN THE PREVIOUS 12 MONTHS	, WHETHER AS A
FULL-TIME OR PART-TIME EMPLOYEE, INDEPENDENT CONTRACTOR,	OR OTHERWISE,
EXCLUDING ANY REASONABLE COMPENSATION PAID TO A BOARD MEM	BER AS A MEMBER.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S	SALARY AND BY
APPROVING THE BUDGET, THE EXECUTIVE DIRECTOR APPROVES OTHE	ER STAFF SALARIES.
WHEN THE BOARD APPROVES THE EXECUTIVE DIRECTOR'S SALARY, A	A SALARY SURVEY,
PREPARED BY ANOTHER ORGANIZATION, IS MADE AVAILABLE TO THE	ЕМ.
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL	L STATEMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEB SITE.	