



Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2010 - 2011

Name of Organization: Advocates To End Domestic Violence

Amount Request: \$ 9,000

Contact Person: Lisa M. Lee, Executive Director

Mailing Address: Post Office Box 2529

City: Carson City State: Nevada Zip Code: 89702

Phone Number: 775-883-7654 E-mail: carsonadvocates@aol.com

501 (c)3 Taxpayer I.D. Number: 94-2665387

Date Submitted: February 16, 2010

Please mail completed application and attachments to:

Carson City Executive Office
201 North Carson Street, Suite 2
Carson City, Nevada 89701

Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2010 - 2011
Organization Information

1. What is the overall purpose or goal of your organization?

Advocates to End Domestic Violence believes in the worth, dignity, and uniqueness of individuals, their ability and responsibility to affect change in their lives, and the right to live free from violence. The purpose of Advocates To End Domestic Violence is to provide **crisis intervention and support services** to victims of domestic violence to aid them and their families in breaking the cycle of violence in their lives and moving toward self-sufficiency.

2. How long has your organization been in existence?

Advocates was founded in 1979 and incorporated in 1981.

3. Describe in general the activities or services of your organization?

Advocates provides crisis intervention and support services to victims of domestic violence and/or sexual assault. The **crisis hot-line** is operated 24-hours a day, seven days a week by both trained staff members and volunteers. The 51-bed **emergency shelter** offers victims and their children safety and support while they heal and move forward with their lives. Shelter clients receive intensive case management, budgeting, parenting and life skills classes, support groups, individual counseling, and aid toward becoming independent and self-sufficient. The **Teen Dating Violence Prevention** program is presented to area youths providing awareness and resources toward breaking the cycle of abuse before it begins. The **Court Advocates'** program directly assists victims throughout the community in obtaining stalking and temporary restraining orders as well as providing needed resources. Advocates has been aiding victims and their children since 1979.

4. How many people do you intend to serve during the Fiscal Year 2010-2011?

#of Youth 80 **#of Adults** 70 **#of Seniors** 8% of adults will be seniors

5. How many people served this Fiscal Year 2010-2011 will be Carson City residents? #of Youth _____ #of Adults _____ #of Seniors _____

An estimated 80% of victims seeking shelter will be existing residents of Carson City. When a victim is terrified and unable to remain in their home or community

due to safety concerns or lack of shelter services, **they flee to find protection.** Advocates' priority is to assist residents of Carson City and, when space is available, victims with a **direct connection** to our community such as employment, school, medical need, or family. In 2009, 94% of out of county clients became self-sufficient, obtaining employment and housing, making Carson City their home. The remaining 6% either returned to their communities or relocated out of the area for safety concerns.

6. How may paid employees/volunteers does your organization employ?

of full-time employees 13 # part-time employees 5 & 140 trained volunteers

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc):

Advocates will not utilize requested City funds for administrative costs. All funds received will be allocated to direct client services.

8. Describe how your organization is managed and governed (i.e., Board of Directors).

Advocates has a dedicated board of directors consisting of seven community members who meet monthly and provide guidance on policies and fiscal oversight. The Executive Director is responsible for the day-to-day operations of the agency and reports directly to the Board of Directors. The agency contracts for **independent** monthly financial statements and an annual audit. Additionally, the agency passes numerous annual program reviews conducted by granting agencies and operates within "governmental accountability office" polices.

9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>	<u>Chairperson</u>
Lisa Lee	Executive Director	883-7654	Dr. Susan Pintar

Program/Proposal Information

10. Amount of funds requested? \$ 9,000

11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

Requested funds will be combined with other raised and donated resources to

operate **the 51 emergency bed shelter** for victims and their children. The emergency shelter is the cornerstone of Advocates' crisis intervention services provided to victims and their families. Our program directly targets "socially disadvantaged and/or economically needy families" who are at-risk or in crisis as a result of family violence. Without the opportunity of shelter, many victims would be forced to either remain in an abusive relationship or become **homeless**, moving from family to friends, or sleeping in their cars and exposing themselves and their children to dangerous environments. The shelter provides victims with protection and services, as well as the opportunity to develop life skills needed to regain independence and work toward self-sufficiency.

Victims initially contact the program through the 24-hour crisis hot-line, police, hospital, or community referral. After a victim enters the shelter, a family history is collected, a self-sufficiency matrix is implemented, and short and long-term goals are set. The shelter program is structured to give victims the resources to reestablish their independence and become self-sufficient. To this end, the program offers victims the opportunity of five months of shelter. During that time, victims meet daily with the Client Resource Coordinator to develop goals and secure employment, childcare, transportation, and housing. In addition, Advocates provides a 24-hour crisis hot-line, counseling, restraining/stalking order assistance, life skills, parenting classes, support groups, and victim advocacy. Of clients who completed the five-month program in 2009, **92% had not re-entered abusive relationships** and have moved into their own homes.

In 2009, the average victim entering the shelter was female, 32 years old, mother of two children under the age of five, without transportation, unemployed, and not receiving public assistance. Last year, the need for shelter services **increased 25%** from 2008. The program projects a similar increase in need for 2010.

The funds requested will be used to provide direct shelter services to victims of domestic violence and their children. These costs will include utilities, food, building maintenance, and a small portion of the Client Resource Coordinator's salary. No funds will be used toward the administrative costs of operating the program and services. Advocates will be **leveraging** the requested City Block grant funding to secure additional private, state, and federal resources to staff and operate the shelter.

Advocates has provided crisis intervention to victims and their children since 1979. The staff and volunteers receive intensive training and education in the issues and affects of domestic violence and are dedicated to providing the highest level of service.

- 12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):**

Advocates' request for funding will meet at least two of the City's stated goals: *A Safe and Secure Community and A Healthy Community.*

Advocates has developed two methods to evaluate the effectiveness of the shelter program. The first involves **client input and evaluation**. Weekly, shelter clients anonymously evaluate the program, grading the services and staff. In addition, clients complete an exit interview that evaluates each portion of the program and its effectiveness, as well as suggestions on how services could be expanded and improved.

The second component involves an **Outcome Matrix** that has been designed to evaluate a victim's level of self-sufficiency and determine the areas where assistance is needed. The Matrix is utilized at scheduled intervals as clients progress through the program and measures fifteen key factors that include employment, mobility, health care, and life skills. As a victim works toward self-sufficiency, securing employment and resources, the Matrix evaluates their progress and provides a tested method of measuring program effectiveness.

In addition to the Outcome Matrix, a client's progress is documented through the achievement of both **short and long term** goals which are set weekly with the Case Manager. Case notes, matrix scores, goal sessions, group attendance, parenting sessions, individual counseling, court hearings, protection orders, and life skill classes combine to document a client's need and progress toward independence and self-sufficiency during their emergency shelter stay. Two weekly staff meetings focus on clients progress, needed resources, upcoming appointments, and exit plans.

Objective - Provide Suitable Living Environment	
Outcome - Availability/Accessibility for victims of domestic violence in need of safe emergency shelter for themselves and their children.	
Activities	Indicators
Shelter Operation	Provide 70 adult victims of domestic violence and 80 children with emergency shelter, safety, support, advocacy, and services to increase their ability to achieve self-sufficiency and a violence free-life.
	Provide a minimum of 4,800 nights of shelter to victims of domestic violence and their children
	Supply and supplement dietary needs of clients residing in the shelter with up to 3 meals daily for an estimated 11,400 meals

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

Clients who seek shelter services through Advocates are **primarily women** with young children. According to the Federal Bureau of Investigation, 95% of victims of domestic violence are female. Advocates assists victims who have been beaten, battered, and survived assaults on their persons and souls. Many clients have been in more than one abusive relationship in which they, as well as their children, are at-risk. Often, victims were raised in an environment where they witnessed their mother being battered and grew up believing this was normal. Thus, the cycle of abuse is repeated into the next generation and, without intervention, into yet another.

According to the 2009 Violence Policy Center, Nevada continues to remain in the top five states for women killed by intimate partners. The United Way of Northern Nevada and Sierra 2005 Community Assessment documented that women are five times more likely to be victimized by domestic violence than men and face a **75% higher chance of being murdered** when they flee an abusive relationship. Nationally, as reported by the FBI Crime Report, **50% of homeless women and**

children are on the streets due to violence in the home. The provision of emergency shelter is one of the most **life-saving services** that a community can provide battered women. Although domestic violence is experienced by women of all socio-economic levels, shelters primarily serve those with low income and few resources. When a woman makes the decision to risk everything and leave an abusive relationship, she is often starting over with few material possessions and faced with many difficult economic, legal, and emotional hurdles. The fear of homelessness keeps many families bound to abusive relationships, endangering lives and continuing the cycle of violence.

Carson City funding has been instrumental in keeping the shelter doors open for nearly eighteen years. These needed funds are leveraged with additional resources towards the daily cost of sheltering victims of domestic violence and their children. Advocates has taken strong pro-active steps to generate revenue necessary to continue crucial programs and expand needed services. To this end, Advocates operates a thrift shop and promotes fundraisers that generate matching and unrestricted program funds. Last year, Advocates' fundraisers and general donations contributed to **21%** of agency revenue, with an additional **30%** produced through thrift shop sales. The majority of program funding is raised through grant sources which are highly competitive and program specific. The revenue Advocates receives from the City of Carson is **crucial for the continued operation of the shelter** and would be very difficult, if impossible, to replace through other sources.

For the past twenty-five years, Advocates has been fortunate to lease five buildings from the state at a reduced and affordable rate. Unfortunately, the state has developed long-term future plans for the properties, which will require Advocates to relocate the office, emergency shelter and transitional housing programs. In preparation, the board has been investigating alternative facility options and restricting saving resources in order to be in the position to continue providing shelter and support services to residents of Carson City.

- 14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services a your program/proposal? If yes, please explain how your project will compliment other existing programs?**

Advocates To End Domestic Violence is the **only program** that provides emergency shelter and crisis intervention services to victims of domestic violence in the Carson City area. Advocates works in a collaborative effort with other social service organizations and agencies in order to provide a full range of opportunities and services for the clients we serve.

- 15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.**

See attached budget

16. Has your organization been funded by Carson City previously? [X] Yes [] No
If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
92-93	\$7,000	Emergency Shelter
93-94	\$3,500	Emergency Shelter
94-95	\$10,000	Emergency Shelter
95-96	\$15,000	Emergency Shelter
96-03	\$10,000 annually	Emergency Shelter
03-04	\$9,700	Emergency Shelter
04-07	\$10,000 annually	Emergency Shelter
07-09	\$9,000 annually	Emergency Shelter

Required Attachment

- A copy of your 501 (c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- **Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- Signed Guidelines for Grants (please keep a copy for your files).

PROJECTED SHELTER BUDGET

**ADVOCATES TO END DOMESTIC VIOLENCE
SHELTER SUPPORT PROGRAMS
JULY 1, 2010 THROUGH JUNE 30, 2011**

COST CATEGORY	GRANT COST CONTRIBUTIONS	OTHER MONETARY	TOTAL PROGRAM
Salaries			
Client Resource Coordinator 40 hours per week/plus after hour emergency intervention	\$4,600	\$25,900	\$30,500
Shelter Manager (on site 24-hours)	0	10,800	10,800
Withholding/Benefits	0	8,074	8,074
Sub-Total	\$4,600	\$44,774	\$49,374
Shelter Expenses:			
Utilities	1,500	30,480	31,980
Food	1,500	10,500	12,000
Maintenance	1,400	9,000	10,400
Insurance	0	8,500	8,500
Operating Supplies	0	7,500	7,500
Rent	0	6,300	6,300
Client Expenses	0	4,500	4,500
Sub-Total	\$4,400	\$76,780	\$81,180
TOTAL	\$9,000	\$121,554	\$130,554

*These salaries only reflect the staff that is primarily responsible for working daily with shelter client.

Attachments:

- A: 501 (c)3 IRS Designation Letter
- B: Annual Audit
- C: IRS 990 form
- D: Annual Report
- E: Signed Guidelines

A: 501 (c)3 IRS Designation Letter

Internal Revenue Service

Department of the Treasury

District
Director

300 N. Los Angeles St. MS 7043
Los Angeles, CA 90012

Advocates to End Domestic
Violence
PO Box 2529
Carson City, Nevada 89702-2529

Person to Contact: Stephen M. Klopp
Telephone Number: 213-894-2289

Refer Reply to: E0052698

Date: APR 14 2000

re:#94-2665387

Dear Taxpayer:

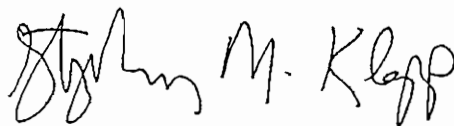
This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in June 1980 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in June 1980 continues to be effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



Disclosure Assistant

B: Annual Audit

Advocates To End Domestic Violence
Financial Statements
June 30, 2009

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STRONG McPHERSON & COMPANY

Certified Public Accountants

RENO:

Danny R. Strong, CPA
Edna K. Helmers, CPA

5865 Tyrone Road Suite 102
Reno, NV 89502
Tele. (775) 826-9400
Fax (775) 826-9266

Members

American Institute of Certified Public Accountants

CARSON CITY:

Samuel T. Cook, CPA
Michael L. Williams, CPA

202 South Pratt Avenue
Carson City, NV 89701
Tele. (775) 882-4460
Fax (775) 882-4531

INDEPENDENT AUDITOR'S REPORT

To The Board of Directors
Advocates To End Domestic Violence

We have audited the accompanying statement of financial position of Advocates To End Domestic Violence (a non-profit organization) as of June 30, 2009, and the related statements of activities, functional expenses, cash flows and supplementary information for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Advocates To End Domestic Violence as of June 30, 2009, and the results of its activities and its cash flows for the year then ended in conformity with generally accepted accounting principles.

Strong McPherson & Co

Carson City, Nevada
September 30, 2009

Advocates To End Domestic Violence
 STATEMENT ON FINANCIAL POSITION
 June 30, 2009

ASSETS

Current assets	
Cash - operating funds	\$ 194,014
Savings	615,116
Restricted building fund	845,000
Grants receivable	58,703
Prepaid expenses	0
Deposits	1,450
Total current assets	<u>1,714,283</u>
Equipment	
Vehicles	91,068
Office equipment and furnishings	107,624
Shelter furnishings	50,908
Improvements	75,497
Duplex improvements	26,487
	<u>351,584</u>
Less accumulated depreciation	<u>(282,165)</u>
	<u>69,419</u>
Total	<u>\$ 1,783,702</u>

LIABILITIES AND NET ASSETS

Current liabilities	
Accounts payable	\$ <u>2,900</u>
Total current liabilities	<u>2,900</u>
Net assets	<u>1,780,802</u>
Total	<u>\$ 1,783,702</u>

The accompanying notes are an integral part of these financial statements.

Advocates To End Domestic Violence
 STATEMENT OF ACTIVITIES
 For the year ended June 30, 2009

UNRESTRICTED NET ASSETS

Support and revenues			
Grants and contracts	\$	416,026	
Shelter revenue		300	
Donations		83,537	
Fund raising		119,520	
Interest		48,418	
Thrift store revenue		<u>298,254</u>	
Total unrestricted support		<u>966,055</u>	
Expenses			
Programs		594,651	
Management		66,393	
Fund-raising		<u>22,402</u>	
Total expenses		<u>683,446</u>	
Net increase (decrease) in unrestricted net assets		282,609	
TEMPORARILY RESTRICTED NET ASSETS		0	
PERMANENTLY RESTRICTED NET ASSETS		<u>0</u>	
Increase in net assets		282,609	
Net assets at the beginning of year		<u>1,498,193</u>	
Net assets at end of year	\$	<u><u>1,780,802</u></u>	

The accompanying notes are an integral part of these financial statements.

Advocates To End Domestic Violence
STATEMENT OF FUNCTIONAL EXPENSES
For the year ended June 30, 2009

	<u>Program</u>	<u>Management</u>	<u>Fund-raising</u>	<u>Total</u>
Wages	\$ 342,893	\$ 38,099	-	\$ 380,992
Payroll taxes	27,022	3,002	-	30,024
Advertising	1,062	1,062	2,124	4,248
Health insurance	28,715	3,191	-	31,906
Answering service	1,483	-	-	1,483
Insurance	24,874	2,764	-	27,638
Operating supplies	14,101	1,567	-	15,668
Dues	1,110	-	-	1,110
Repairs & maintenance	3,148	350	-	3,498
Legal & accounting	9,135	1,015	-	10,150
Mileage / travel	1,152	-	-	1,152
Office	17,246	5,749	-	22,995
Postage	1,031	344	-	1,375
Printing	257	29	-	286
Training	2,175	242	-	2,417
Rent	34,800	-	-	34,800
Volunteer	1,018	624	-	1,642
Board of directors	-	1,147	-	1,147
Telephone	10,821	1,202	-	12,023
Utilities	27,137	3,015	-	30,152
General fundraising	-	-	20,278	20,278
Depreciation	24,738	2,749	-	27,487
Vehicle	970	242	-	1,212
Scholarship	2,000	-	-	2,000
Shelter expenses	17,763	-	-	17,763
	<u>\$ 594,651</u>	<u>\$ 66,393</u>	<u>\$ 22,402</u>	<u>\$ 683,446</u>

The accompanying notes are an integral part of these financial statements.

Advocates To End Domestic Violence
STATEMENT OF CASH FLOWS
For the year ended June 30, 2009

Cash Flows from Operating Activities	
Increase in net assets	\$ 282,609
Adjustments to reconcile increase in net assets:	
Depreciation	27,487
Changes in assets and liabilities	
(Increase) decrease in grants receivable	(4,546)
(Increase) decrease in prepaids	6,285
Increase (decrease) in accounts payable	<u>2,900</u>
Cash provided by operating activities	<u>314,735</u>
Cash Flows from Investing Activities	
Purchase of equipment and improvements	<u>(2,350)</u>
Cash used by investing activities	<u>(2,350)</u>
Cash provided (used) by financing activities	<u>0</u>
Increase (decrease) in cash	312,385
Cash, beginning or year	<u>1,341,745</u>
Cash, end of year	<u>\$ 1,654,130</u>
Taxes paid	\$ <u>0</u>
Interest paid	\$ <u>0</u>

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements

Advocates To End Domestic Violence
Notes to Financial Statements
June 30, 2009

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The primary function of Advocates To End Domestic Violence is to eliminate domestic violence in Carson City and the surrounding rural areas. It is a non-profit organization exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code, incorporated in Nevada, and managed by a self-appointed Board of Directors.

For financial statement purposes, the accounting policies of the Organization conform to generally accepted accounting principles. The following is a summary of such significant policies:

Budgetary Accounting

The Board did formally adopt an annual budget for the year ended June 30, 2009. Controls over spending of grant funds are maintained by the use of grant budgets which may or may not coincide with the fiscal year of the Organization.

Uncollectible Accounts

No allowance for bad debts has been calculated as management has determined all the grants receivable will be collected.

Equipment

Purchased equipment is stated at cost. These assets are depreciated on the straight-line method over estimated useful lives of 5 to 40 years. Depreciation expense for the years ended June 30, 2009 was \$27,487.00

Donated Materials, Equipment, and Services

Donated materials and equipment are recorded as contributions at their estimated values at date of receipt. Donated services have not been reflected in the financial statements since no objective basis is available to measure the value of the services. If valued, these services would be charged at \$10.00 to the programs.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Advocates To End Domestic Violence
Notes to Financial Statements - Continued
June 30, 2009

Compensated Absences

Annual leave benefits of one week, two weeks, and three weeks are available to employees in their first, second, and third years of service, respectively. However, accumulated unpaid vacation is not recognized as a liability in the financial statements because the associated expenses cannot be reasonably estimated. They cannot be carried from year to year, and are not paid upon separation from the Organization.

Cash & Cash Equivalents

Advocates To End Domestic Violence has determined that, for purposes of cash flow, all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

COMMITMENTS

The Advocates are leasing retail space for the operation of their thrift store at \$2,900.00 per month on a month to a month basis.

CREDIT RISK

At times, cash balances held at financial institutions were in excess of FDIC insurance limits. The organization believes no significant concentration of credit risk exists with respect to these deposits.

RESTRICTED BUILDING FUND

The organization dedicated part of its prior earnings to a building fund which will be used in the acquisition of a structure to house the activities of Advocates in one building.

Supplementary Schedules

Advocates To End Domestic Violence
Supplementary Schedules
For the Year Ended June 30, 2009

Grants & contracts	
Marriage license	\$ 102,675
United Way	7,049
V.O.C.A.	90,000
E.S.G. grant	23,378
Title XX	29,230
FVP	40,000
V.A.W.A. grant	29,896
Welfare grant	76,640
FEMA	10,458
CCOY grant	6,700
	<u>\$ 416,026</u>

The accompanying notes are an integral part of these financial statements.

C: IRS 990 form

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

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

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

C Name of organization
ADVOCATES TO END DOMESTIC VIOLENCE
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2529
 City or town, state or country, and ZIP + 4
CARSON CITY NV 89702

D Employer identification number
94-2665387

E Telephone number

G Gross receipts \$ **1,016,055**

F Name and address of principal officer:
ROBERT G JOHNSTON
412 N DIVISION ST
CARSON CITY NV 89701

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **N/A** **H(c)** Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1980** **M** State of legal domicile: **NV**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
DOMESTIC VIOLENCE SHELTER

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	412
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	525,695	549,563
9	Program service revenue (Part VIII, line 2g)	470	300
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	335,878	48,418
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,136	417,774
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	880,179	1,016,055
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	406,827	442,922
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	22,402	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	293,522	240,524
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	700,349	683,446
19	Revenue less expenses. Subtract line 18 from line 12	179,830	332,609

	Beginning of Year	End of Year	
20	Total assets (Part X, line 16)	1,498,193	1,783,702
21	Total liabilities (Part X, line 26)		2,900
22	Net assets or fund balances. Subtract line 21 from line 20	1,498,193	1,780,802

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **LISA LEE** Date: **11/5/09**
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: **MICHAEL WILLIAMS** Date: **11/03/09** Check if self-employed: Preparer's identifying number (see instructions): **P00566278**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Strong McPherson & Company**
202 S Pratt Ave
Carson City, NV 89701

EIN: **88-0158829** Phone no.: **775-882-4460**

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

DOMESTIC VIOLENCE SHELTER

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **517,501** including grants of \$) (Revenue \$ **416,026**)

ADVOCATES PROVIDES SHELTER AND COUNSELING FOR ABUSED INDIVIDUALS AND FAMILIES. THE ORGANIZATION HELPS OVER 2,000 VICTIMS ANNUALLY

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **77,150** including grants of \$) (Revenue \$)

4e Total program service expenses **\$ 594,651** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)	416,026				
	1f	All other contributions, gifts, grants, and similar amounts not included above	133,537				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		549,563			
Program Service Revenue	2a	SHELTER REVENUE	300	300			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		300			
Other Revenue	3	Investment Income (including dividends, interest, and other similar amounts)	48,418	48,418			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental exps.					
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis & sales exps.					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	119,520				
	b	Less: direct expenses					
c	Net income or (loss) from fundraising events	119,520	119,520				
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	298,254					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory	298,254	298,254				
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,016,055	466,492	0	0	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	380,992	342,893	38,099	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	31,906	28,715	3,191	
10 Payroll taxes	30,024	27,022	3,002	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,150	9,135	1,015	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,124	1,062	1,062	
13 Office expenses	25,766	19,644	6,122	
14 Information technology	13,506	12,304	1,202	
15 Royalties				
16 Occupancy	37,287	37,287		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,487	24,738	2,749	
23 Insurance	25,151	22,387	2,764	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SHELTER EXPENSES	33,431	31,864	1,567	
b UTILITIES	30,152	27,137	3,015	
c DIRECT FUNDRAISING EXPENSES	20,278			20,278
d REPAIRS & MAINTENANCE	3,498	3,148	350	
e TRAINING	2,417	2,175	242	
f All other expenses	9,277	5,140	2,013	2,124
25 Total functional expenses. Add lines 1 through 24f	683,446	594,651	66,393	22,402
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	29,411	1	194,014
	2 Savings and temporary cash investments	1,312,334	2	1,460,116
	3 Pledges and grants receivable, net	54,157	3	58,703
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,285	9	
	10a Land, buildings, and equipment: cost basis	10a 351,584		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 282,165		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,450	15	1,450
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,498,193	16	1,783,702	
Liabilities	17 Accounts payable and accrued expenses		17	2,900
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	2,900
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,498,193	27	1,780,802
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,498,193	33	1,780,802
	34 Total liabilities and net assets/fund balances	1,498,193	34	1,783,702

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

ADVOCATES TO END DOMESTIC VIOLENCE

Employer identification number 94-2665387

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally Integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 3 columns: Question, Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	444,532	477,775	478,197	448,109	416,026	2,264,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	444,532	477,775	478,197	448,109	416,026	2,264,639
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,216,335
6 Public support. Subtract line 5 from line 4						48,304

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	444,532	477,775	478,197	448,109	416,026	2,264,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,205	13,286	44,257	39,380	48,418	150,546
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,415,185
12 Gross receipts from related activities, etc. (see instructions)					12	1,372,186
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	2.0000 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.6006 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

ADVOCATES TO END DOMESTIC VIOLENCE

94-2665387

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization ADVOCATES TO END DOMESTIC VIOLENCE	Employer identification number 94-2665387
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAVINA ATKINSON 2031 HAMILTON CARSON CITY NV 89706	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

ADVOCATES TO END DOMESTIC VIOLENCE

94-2665387

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff or volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

b If "Yes," explain the arrangement in Part XIV.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for balance and expenses.

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

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

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

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

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

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other -----		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value

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

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

(a) Description of liability	(b) Amount
Federal income taxes	

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

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,016,055
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	683,446
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	332,609
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	12,068
9	Total adjustments (net). Add lines 4-8	9	12,068
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	344,677

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

1	Total revenue, gains, and other support per audited financial statements	1	1,016,055
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,016,055
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,016,055

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

1	Total expenses and losses per audited financial statements	1	671,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	671,378
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	12,068
c	Add lines 4a and 4b	4c	12,068
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	683,446

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 12,068

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 12,068

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		TASTE OF DOWNTOWN		None	(Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	119,520		119,520	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	119,520		119,520	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				
	9	Net income summary. Combine lines 3 and 8 in column (d)				119,520

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

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

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%		
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

		Yes	No
13a	%		
13b	%		
14			
15a			
16			
17a			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number
94-2665387

ADVOCATES TO END DOMESTIC VIOLENCE

Form 990, Part III, Line 4d - All Other Achievements

ALL REVENUE AND EXPENSES ARE FOR THE BENEFIT OF THE
SHELTER

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
CPA PRESENTED TAX RETURN TO BOARD AT MONTHLY MEETING ON NOVEMBER 12, 2009.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
BOARD APPROVES EXECUTIVE DIRECTOR COMPENSATION DURING BUDGET PROCESS

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **ADVOCATES TO END DOMESTIC VIOLENCE** Identifying number **94-2665387**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,234

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		SL	
h	Residential rental property		27.5 yrs.	MM	SL	
			27.5 yrs.	MM	SL	
i	Nonresidential real property		39 yrs.	MM	SL	
				MM	SL	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				SL	
b	12-year		12 yrs.		SL	
c	40-year		40 yrs.	MM	SL	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	15,234
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:								
1	MERCURY VILLAGER	11/30/01	11,208		11,208	5 MO S/L	11,208	0
2	FORD PICKUP	12/31/05	19,000		19,000	5 MO S/L	9,500	3,800
3	2006 GMC PICKUP	8/07/06	25,535		25,535	5 MO S/L	9,788	5,107
4	2007 GMC PICKUP	6/30/06	29,961		29,961	5 MO S/L	11,984	5,992
5	UPS BLDG RENOVATE	7/01/99	13,399		13,399	40 MO S/L	3,015	335
Total Other Depreciation			<u>99,103</u>		<u>99,103</u>		<u>45,495</u>	<u>15,234</u>
Total ACRS and Other Depreciation			<u>99,103</u>		<u>99,103</u>		<u>45,495</u>	<u>15,234</u>
Grand Totals			99,103		99,103		45,495	15,234
Less: Dispositions			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>99,103</u>		<u>99,103</u>		<u>45,495</u>	<u>15,234</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	MERCURY VILLAGER	11/30/01	0		0	0 HY	0	0
2	FORD PICKUP	12/31/05	0		0	0 HY	0	0
3	2006 GMC PICKUP	8/07/06	0		0	0 HY	0	0
4	2007 GMC PICKUP	6/30/06	0		0	0 HY	0	0
5	UPS BLDG RENOVATE	7/01/99	0		0	0 HY	0	0
	Total Other Depreciation		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0		0		0	0
	Less: Dispositions		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>

ZC040 ADVOCATES TO END DOMESTIC VIOLENCE

94-2665387

FYE: 6/30/2009

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	MERCURY VILLAGER	11/30/01	11,208	0	0
2	FORD PICKUP	12/31/05	19,000	3,800	0
3	2006 GMC PICKUP	8/07/06	25,535	5,107	0
4	2007 GMC PICKUP	6/30/06	29,961	5,993	0
5	UPS BLDG RENOVATE	7/01/99	13,399	335	0
	Total Other Depreciation		<u>99,103</u>	<u>15,235</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>99,103</u>	<u>15,235</u>	<u>0</u>
	Grand Totals		<u>99,103</u>	<u>15,235</u>	<u>0</u>

ZC040 ADVOCATES TO END DOMESTIC VIOLENCE
 94-2665387
 FYE: 6/30/2009

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SCHOLARSHIP	\$ 2,124	\$		\$ 2,124
VOLUNTEER EXPENSES	2,000	2,000		
VEHICLE EXPENSES	1,642	1,018	624	
MILEAGE	1,212	970	242	
BOARD OF DIRECTORS EXPENS	1,152	1,152		
	1,147		1,147	
Total	\$ 9,277	\$ 5,140	\$ 2,013	\$ 2,124

ZC040 ADVOCATES TO END DOMESTIC VIOLENCE

94-2665387

Federal Statements

FYE: 6/30/2009

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Total	\$ <u>2,264,639</u>	\$ <u>2,216,335</u>
	\$ <u>2,264,639</u>	\$ <u>2,216,335</u>

Advocates To End Domestic Violence

D: Annual Report

Carson City, A Consolidated Municipality

Annual Report
For Community Support Services Funding
Fiscal Year 2009-2010

Name of Organization: Advocates To End Domestic Violence

Program/Project: Emergency Shelter

Amount of Funds Received \$ 9,000

Contact Person: Lisa M. Lee, Executive Director

Mailing Address: Post Office Box 2529

City: Carson City State: Nevada Zip Code: 89702

Phone Number: 883-7654 Email: carsonadvocates@aol.com

Date Submitted: February 16, 2010

Advocates was awarded a \$9,000 grant to fund emergency shelter for victims of domestic violence. The grant is effective from July 1, 2009 though June 30, 2010. The following is a mid-year accounting of expended funds and program goals. A final financial and program report will be provided within 30 days of the end of the fiscal year.

- Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.**

<u>Granted Expenditures</u>	<u>Awarded Funding</u>	<u>Expended To-Date</u>	<u>Balance</u>
Client Resource Coord.	\$4,600	\$2,300.00	\$2,300.00
Food	1,500	960.43	539.57
Maintenance	1,400	1,400.00	0
Shelter Utilities	1,500	813.59	686.41

Advocates combines several grants to fund the emergency shelter. To simplify the accounting process, we expend the resources of each grant before we begin allocating funds from the next grant. The majority of City funding will be expended during the third and fourth quarters with a zero balance remaining by the end of the fiscal cycle.

2. Evaluate your achievement of your program/proposal objectives listed in your application:

The primary program goal is to provide emergency shelter to victims of domestic violence and their children on a 24-hour basis. Advocates' grant proposal projected providing a minimum of 4,000 nights of shelter to victims and their children, or 2,000 by mid-year. Within the first six months of the grant period, the number of victims seeking shelter had dramatically increased from the past year for a total of 3,387 nights of shelter. This is nearly three times the number of nights provided for the same reporting period in 2008.

Victims typically enter the shelter with only a few personal items and often in the middle of the night. The on-site, 24-hour manager ensures that individuals and families have everything they need to be comfortable and secure. The Client Resource Coordinator conducts an intensive intake, explains the rules, and meets with the clients daily to set goals and secure needed resources. Each client has their own history and special needs. The program is designed to ensure that clients are given individual attention and guidance.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

From July 1, 2009 through December 31, 2009, 33 primary and 36 secondary victims were provided with emergency shelter. This is a 30% increase from the past reporting year. Some clients need only a few nights of shelter and limited assistance with relocation to another area while other clients require the full five months of shelter.

A mother of three entered the shelter without any work history, never having driven and without any identifying documents for her children who had been born at home. During her shelter stay, we were able to petition the court for birth certificates, enabling the children to enroll in school and receive public aid, the mother completed JOIN training, secured employment, and is currently enrolled at WNC. A volunteer has provided time and a vehicle for her to practice driving. Once she has her license, she will be given a car that was donated to our agency, which will expand her options from employment to housing.

4. What specific community benefit did your project provide Carson City?

Safe shelter is an essential need. If there wasn't a safe and protective place for victims to flee, an immeasurable strain would be placed on public resources from law enforcement to the hospital. A community is judged by how it cares for their citizens and providing crisis intervention and support services for victims of domestic violence is a basic responsibility of every community.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

We believe that one day family violence will be eliminated from our culture and there would be no need for emergency shelters for victims and their children. But until that time, shelter and support services are needed and necessary.

6. Describe any challenges that impacted your program.

Being in the shelter at Christmas is difficult. Not to be in your own home, away from family and friends and unable to provide gifts for your children is devastating. The staff works hard to ensure that each family and every child has a special holiday to help off-set the fact that they are in a shelter and not in their own home. Working with individuals, groups, and organizations, each person is adopted and provided with gifts and treats to ensure that their holiday is special and full of promise. Many clients have stated that the Christmas they enjoyed while in the shelter was one of the happiest their family had ever had.

Guidelines for Grants

Fiscal Year 2010 - 2011

Vision

A leader among cities as a inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Health Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

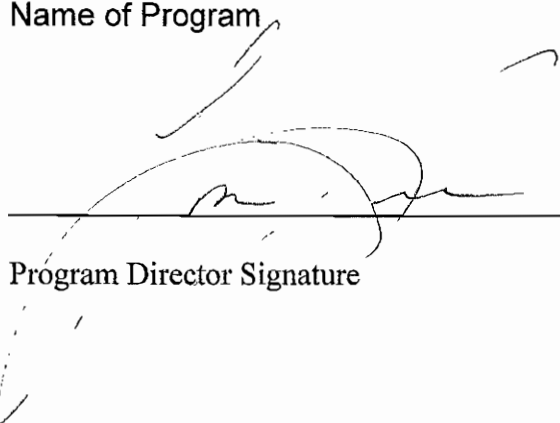
1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
9. Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on February 25, 2010**. An electronic pdf version may also be emailed to cceo@ci.carson-city.nv.us.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Advocates To End Domestic Violence

Name of Program



Program Director Signature

February 15, 2010

Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
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