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CARSON CITY
EXECUTIVE OFFICES

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2011 - 2012

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 20, 2011

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 2011 - 2012
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 emergency shelter can provide up to five months of stay with the 14-bed transitional housing able to offer an additional twelve months of supportive stay. 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, court accompaniment, and community referrals. The **Sexual Assault Response Advocates** (S.A.R.A.) provide crisis intervention, hospital accompaniment during rape exams, court advocacy, and assistance with police reports and victims of crime assistance. Advocates has been aiding victims and their children since 1979.

4. How many people do you intend to serve during the Fiscal Year 2011-2012?

These numbers only reflect the clients we will serve in the shelter.

#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 90% 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 the past six months, 7% of shelter clients have been from surrounding rural counties. Of these, 93% became self-sufficient, obtaining employment and housing, making Carson City their home. The remaining 7% either returned to their communities or relocated out of the area due to safety concerns.

6. How many 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. 100% of 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" policies.

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 re-establish 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 2010, **94% had not re-entered abusive relationships** and have moved into their own homes.

In 2010, the average victim entering the shelter was female, 34 years old, mother of 1.5 children under the age of seven, without transportation, unemployed, and not receiving public assistance. Last year, the need for shelter services **increased 33%** from 2009, which had increased by 25% from 2008. The program projects a similar increase in need for 2011.

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, and provides space for suggestions on how services can 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 60 adult victims of domestic violence and 70 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 5,800 nights of shelter to victims of domestic violence and their children
	Supply and supplement dietary needs of clients residing in the shelter with at least 2 meals daily for an estimated 11,600 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 2010 Violence Policy Center, Nevada ranked first in the nation 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 toward 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 **14%** 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 not impossible, to replace through other sources.

For the past twenty-six 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 as 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? 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
09-10	\$8,500	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 2010-2011 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, 2011 THROUGH JUNE 30, 2012**

COST CATEGORY	GRANT COST CONTRIBUTIONS	OTHER MONETARY	TOTAL PROGRAM
Salaries			
Client Resource Coordinator 40 hours per week/plus after hour emergency intervention	\$4,600	\$27,271	\$31,871
Shelter Manager (on site 24-hours)	0	9,800	9,800
Withholding/Benefits	0	6,024	6,024
Sub-Total	\$4,600	\$43,095	\$47,695
Shelter Expenses:			
Utilities	1,500	34,800	36,300
Food	1,500	10,500	12,000
Maintenance	1,400	9,000	10,400
Insurance	0	8,500	8,500
Operating Supplies	0	8,200	8,200
Rent	0	6,300	6,300
Client Expenses	0	5,200	5,200
Sub-Total	\$4,400	\$82,500	\$86,900
TOTAL	\$9,000	\$125,595	\$134,595

*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

Carson City, A Consolidated Municipality

Annual Report
For Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Advocates To End Domestic Violence

Program/Project: Emergency Shelter

Amount of Funds Received \$ 8,500

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 20, 2011

Advocates was awarded a \$8,500 grant to fund emergency shelter for victims of domestic violence. The grant is effective from July 1, 2010 through June 30, 2011. 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	\$2,300
Food	1,000	404	596
Maintenance	1,500	520	980
Shelter Utilities	1,400	607	793

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 4,800 nights of shelter to victims and their children, or 2,400 by mid-year. Within the first six months of the grant period, the number of victims seeking shelter dramatically increased from the past year for a total of 3,956 nights of shelter, an 11% increase from the same period of time during the previous year.

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. As 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, 2010 through December 31, 2010, 62 victims and their children were provided emergency shelter. Of these clients, 7% were from surrounding rural counties. As Carson Tahoe Hospital is a regional medical facility for the surrounding rural communities, it is often necessary to provide shelter and support services to victims upon their release. Since many victims cannot return to their homes, they choose to relocate to Carson City. Some of the clients we provide services to 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 young mother of two small daughters was admitted to the shelter early one Sunday morning after being physically abused by her live in boyfriend. She had given birth to her first child when she was a Junior at Carson High School. Upon graduation, she attended WNC and later received a Certified Nursing Assistant license and began working at a local convalescence facility. We were able to assist her in securing legal representation to deal with a custody issue regarding her second daughter, enroll in WNC to begin taking classes toward her nursing degree, resolve several outstanding credit issues, and begin saving toward relocation into a home of her own. Since she is employed, the client does not qualify for subsidence housing or childcare, making it more financially challenging. After five months in the emergency shelter, the client has recently moved into transitional housing with measurable financial saving goals. She continues to attend weekly support groups, one-on-one professional counseling,

budgeting and parenting classes, and meets with the case manager. Transitional housing will offer the client an additional twelve months of housing and support services, providing her with the opportunity to save toward relocation and continue her education.

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

Safe shelter is an essential need. Without a safe and protective place for victims to flee, an immeasurable strain would be placed on public resources ranging from law enforcement to the hospital. A community is judged by how it cares for its 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 will be no need for emergency shelters for victims and their children. Until that time, shelter and support services are essential.

6. Describe any challenges that impacted your program.

Operating a non-profit is financially challenging in the best of economic times. The clients we serve are not visible in the community. They do not stand on the street corners or protest in front of the capital. They are our sisters, mothers, daughters, and friends and very often ashamed that they have to seek help in order to protect themselves and their children. In an environment where there are so many causes and social needs, it is a struggle to find and secure necessary funding to support the shelter. Many funders want innovative short term projects without realizing that those projects can only work if the client is in a safe place. The funding Advocates receives from the City of Carson is necessary to the operation of the shelter and would be difficult to replace. It is because of this funding that Advocates has been able to provide safety and housing to women and children who have no other place to hide.

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:

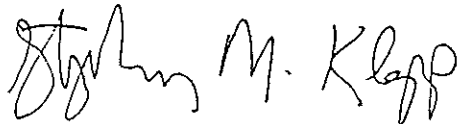
This letter is in response to your request for a copy of the determination letter for the above named organization.

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

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Advocates To End Domestic Violence
Financial Statements
June 30, 2010

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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
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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, 2010, 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, 2010, 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
October 15, 2010

Advocates To End Domestic Violence
 Supplementary Schedules
 For the Year Ended June 30, 2010

<u>Grants & contracts</u>		
Marriage license	\$	121,368
United Way		14,455
V.O.C.A.		115,410
E.S.G. grant		23,500
Title XX		26,125
FVP		51,161
V.A.W.A. grant		22,106
Welfare grant		192,244
Carson City Block grant		9,000
Mary Kay grant		20,000
CCOY grant		2,127
	\$	<u>597,496</u>

Rental income/expenses

Rent income	\$	<u>18,915</u>
Expenses		
Bank charges		207
Property taxes		1,722
Repairs & maintenance		622
Utilities		2,918
Depreciation		8,320
Total expenses		<u>13,789</u>
Net gain	\$	<u>5,126</u>

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

SUPPLEMENTARY INFORMATION

Advocates To End Domestic Violence
Notes to Financial Statements - Continued
June 30, 2010

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.

Advocates To End Domestic Violence
Notes to Financial Statements
June 30, 2010

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, 2010. 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, 2010 was \$39,434.00

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.

Notes to Financial Statements

Advocates To End Domestic Violence
STATEMENT OF CASH FLOWS
For the year ended June 30, 2010

Cash Flows from Operating Activities		\$ 286,226
Increase in net assets		39,434
Adjustments to reconcile increase in net assets:		
Depreciation		(51,221)
Changes in assets and liabilities		
(Increase) decrease in grants receivable		0
(Increase) decrease in prepaids		0
Increase (decrease) in accounts payable		<u>0</u>
Cash provided by operating activities		<u>274,439</u>
Cash Flows from Investing Activities		
Purchase of vehicle		(28,000)
Purchase of apartment building		(401,929)
Purchase of equipment		(13,895)
Cash used by investing activities		<u>(443,824)</u>
Cash provided (used) by financing activities		<u>0</u>
Increase (decrease) in cash		(169,385)
Cash, beginning or year		<u>1,654,130</u>
Cash, end of year		\$ <u><u>1,484,745</u></u>
Taxes paid	\$	<u><u>0</u></u>
Interest paid	\$	<u><u>0</u></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, 2010

UNRESTRICTED NET ASSETS

Support and revenues	
Grants and contracts	\$ 597,496
Donations	10,625
Fund raising	93,920
Interest	26,604
Thrift store revenue	317,806
Rental income	18,915
Total unrestricted support	<u>1,065,366</u>
Expenses	
Programs	680,647
Management	77,039
Fund-raising	<u>21,454</u>
Total expenses	<u>779,140</u>
Net increase (decrease) in unrestricted net assets	286,226
TEMPORARILY RESTRICTED NET ASSETS	0
PERMANENTLY RESTRICTED NET ASSETS	<u>0</u>
Increase in net assets	286,226
Net assets at the beginning of year	<u>1,780,802</u>
Net assets at end of year	<u>\$ 2,067,028</u>

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

Advocates To End Domestic Violence
STATEMENT ON FINANCIAL POSITION
June 30, 2010

ASSETS

Current assets	
Cash - operating funds	\$ 130,894
Savings	508,851
Restricted building fund	845,000
Grants receivable	109,924
Deposits	1,450
Total current assets	<u>1,596,119</u>
Equipment	
Vehicles	119,068
Office equipment and furnishings	50,933
Shelter furnishings	121,494
Improvements	101,984
Apartment building	401,929
	<u>795,408</u>
Less accumulated depreciation	<u>(321,599)</u>
	<u>473,809</u>
Total	<u>\$ 2,069,928</u>

LIABILITIES AND NET ASSETS

Current liabilities	
Accounts payable	\$ <u>2,900</u>
Total current liabilities	<u>2,900</u>
Net assets	<u>2,067,028</u>
Total	<u>\$ 2,069,928</u>

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

Advocates To End Domestic Violence

C: IRS 990 form

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
 Sequence No. **67**

(99)

▶ 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

APARTMENT BUILDING

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 2008 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 2010. 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 instr.)

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	8,320

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 2009	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		

Section B—Assets Placed in Service During 2009 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.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

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 instructions	22	8,320
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.

Form **4562** (2009)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ADVOCATES TO END DOMESTIC VIOLENCE

Employer identification number

94-2665387

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 11A - Organization's Process to Review Form 990

TAX RETURN SENT TO BOARD MEMBERS AND EXECUTIVE DIRECTOR PRIOR TO BEING
PRESENTED AT A BOARD OF DIRECTORS MEETING

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICTS OF INTEREST ARE DISCUSSED AT BOARD MEETINGS AS THE PROBLEMS ARISE

Form 990, Part VI, Line 15a - Compensation Process for Top Official

BOARD APPROVES EXECUTIVE DIRECTOR COMPENSATION DURING BUDGET PROCESS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

DOCUMENTS AND TAX RETURNS ARE MADE AVAILABLE AT THE OFFICES UPON REQUEST BY
ANY PARTY.

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 of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 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		
15b		
15c		
16		
17a		
17b		

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 (event type)	_____ (event type)	None (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	42,438		42,438	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	42,438		42,438	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,833		19,833	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				19,833
	11	Net income summary. Combine line 3, column (d), and line 10				22,605

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

ADVOCATES TO END DOMESTIC VIOLENCE

Employer identification number

94-2665387

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

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

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Dotted lines for listing states.

Part XIV Supplemental Information (continued)

[This area contains multiple horizontal dashed lines for supplemental information.]

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,031,744
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	759,307
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	272,437
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	8,136
9	Total adjustments (net). Add lines 4 through 8	9	8,136
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	280,573

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	1,031,744
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	1,031,744
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 must equal Form 990, Part I, line 12.)	5	1,031,744

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

1	Total expenses and losses per audited financial statements	1	751,171
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	751,171
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	8,136
c	Add lines 4a and 4b	4c	8,136
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	759,307

Part XIV Supplemental Information

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

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 8,136

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

Book / Tax Depreciation Difference \$ 8,136

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation: Cost or end-of-year market value.

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

Table with 2 columns: (a) Description, (b) Book value.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1: Federal income taxes.

2. FIN 48 Footnote. 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		78,000		78,000
b Buildings		312,120	7,336	304,784
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **382,784**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or 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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	477,775	478,197	448,109	416,026	608,121	2,428,228
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 through 3	477,775	478,197	448,109	416,026	608,121	2,428,228
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,428,228

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	477,775	478,197	448,109	416,026	608,121	2,428,228
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,286	44,257	39,380	48,418	26,604	171,945
9 Net income from unrelated business activities, whether or not the business is regularly carried on					21,605	21,605
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					317,806	317,806
11 Total support. Add lines 7 through 10						2,939,584
12 Gross receipts from related activities, etc. (see instructions)					12	1,457,576
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 2009 (line 6, column (f) divided by line 11, column (f))	14	82.60%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.77%
16a 33 1/3 % support test—2009. 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 checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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"/>		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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: (For lines 1 through 11, check only one box.)

- 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).
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).
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 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

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. Sub-columns for Yes/No are provided for (iv), (v), and (vi).

Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	194,014	1	130,894
	2 Savings and temporary cash investments	1,460,116	2	1,353,851
	3 Pledges and grants receivable, net	58,703	3	109,924
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 795,408		
	b Less: accumulated depreciation	10b 321,599	69,419	10c 473,809
	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)		1,783,702	16 2,069,928	
Liabilities	17 Accounts payable and accrued expenses	2,900	17	2,900
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		2,900	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	1,780,802	27	2,067,028
	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		1,780,802	33 2,067,028	
34 Total liabilities and net assets/fund balances		1,783,702	34 2,069,928	

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	423,986	381,587	42,399	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	42,560	38,304	4,256	
10 Payroll taxes	36,837	33,153	3,684	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,876	10,688	1,188	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	3,241	810	810	1,621
13 Office expenses	29,015	21,789	7,226	
14 Information technology	17,020	15,482	1,538	
15 Royalties				
16 Occupancy	34,800	34,800		
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	39,434	35,491	3,943	
23 Insurance	17,979	16,181	1,798	
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 UTILITIES	37,246	33,521	3,725	
b REPAIRS & MAINTENANCE	28,147	25,332	2,815	
c OPERATING SUPPLIES	14,796	13,316	1,480	
d SHELTER EXPENSES	13,310	13,310		
e VEHICLE EXPENSES	2,798	2,238	560	
f All other expenses	6,262	4,645	1,617	
25 Total functional expenses. Add lines 1 through 24f	759,307	680,647	77,039	1,621
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 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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	597,496				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	62,107				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		659,603				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		26,604	26,604			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	18,915				
		(ii) Personal					
	b Less: rental exps.	13,789					
	c Rental inc. or (loss)	5,126					
	d Net rental income or (loss)		5,126			5,126	
	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	a	42,438				
		b Less: direct expenses	19,833				
c Net income or (loss) from fundraising events			22,605			22,605	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	317,806					
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory		317,806			317,806	
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. See instructions.			1,031,744	26,604	0	345,537	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT JOHNSTON BOARD	2.00	X						0	0	0
SUSAN PINTAR PRESIDENT	2.00	X		X				0	0	0
SARAH HILL TREASURER	2.00	X		X				0	0	0
ANNE BOWEN SECRETARY	2.00	X		X				0	0	0
CANDACE DUNCAN BOARD	2.00	X						0	0	0
JOANNA WILSON BOARD	2.00	X						0	0	0
STACEY GIOMI BOARD	2.00	X						0	0	0

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EXEC DIRECTOR PO BOX 2529 CARSON CITY NV 89702 775-883-7654	

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	36		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
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?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
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 IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part III Statement of Program Service Accomplishments

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 \$ **645,847** including grants of \$) (Revenue \$)
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 \$ **34,800** including grants of \$) (Revenue \$)

4e Total program service expenses ► **680,647**

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

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)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ADVOCATES TO END DOMESTIC VIOLENCE		D Employer identification number 94-2665387
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2529		E Telephone number 775-883-7654
		City or town, state or country, and ZIP + 4 CARSON CITY NV 89702		
F Name and address of principal officer: SUSAN PINTAR 2874 N CARSON STREET CARSON CITY NV 89703				G Gross receipts \$ 1,065,366

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

J Website: **N/A**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1980** **M** State of legal domicile: **NV**

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

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DOMESTIC VIOLENCE SHELTER			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of employees (Part V, line 2a)	5	36
	6	Total number of volunteers (estimate if necessary)	6	412
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		499,563	659,603
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		300	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,418	26,604
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		417,774	345,537
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		442,922	503,383
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) 1,621			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		240,524	255,924
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		683,446	759,307
19 Revenue less expenses. Subtract line 18 from line 12		282,609	272,437	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		1,783,702	2,069,928
	22 Net assets or fund balances. Subtract line 21 from line 20		2,900	2,900

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: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: **MICHAEL WILLIAMS** Date: **11/09/10** 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**

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

Guidelines for Grants

Fiscal Year 2011-2012

Vision

A leader among cities as an 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 Healthy 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 the 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 23, 2011**. An electronic pdf version may also be e-mailed to cceo@carson.org.

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

Project Director Signature

Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@carson.org
www.carson.org