Return of Organization Exempt From Income Tax

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

		of the Treasur	у	benefit trust or private foundation	=			Open to Public
Inte A		enus Service		The organization may have to use a copy of this return to sa				Inspection
					and ending		RIL 30	, 20 10
		f applicable;	Please use IRS	Doing Business As	IST DUWL V	TOLEN.		
		s change	label or print or		Room/sulte		11 E Telephor	2442377
_		change	type.	15 GRUMMAN ROAD WEST			1	
_	Initial r		See Specific	City or town state or powers and 710	1 11	000	(516)	465-4700
	Termina		Instruc- tions.	BETHPAGE, NY 11714				0.044.400
		ed return		me and address of principal officer: SANDRA OLIVA			G Gross rec	
ш	Applicati	ion pending		UMMAN RD W, SUITE 1000, BETHPAGE, NY 11714				for affiliates? 🖳 Yes 🖳 No
_	Tay-ey	xempt status				-1		cluded? LYes LNo
j		site: >	· <u>P</u>	501(c) (3) ◄ (insert no.)		7		ist. (see instructions)
			Corn	oration ☐ Trust ☐ Association ☐ Other ► L Ye	ar of formation		exemption num	legal domicile:NY
	art			Contract Contract	at of folloation	l.	IVI State UI	egal dollicae. IN F
								
	١'	PROVIDE	SCRIDE E AID A	the organization's mission or most significant activitie AND SUPPORT SERVICES TO VICTIMS OF DOMEST	IC VIOLEN	CF		• • • • • • • • • • • • • • • • • • • •
5 E							•	
mai		******						
Activities & Governance	2	Check this	hov >	if the organization discontinued its operations or disposed of mo	ra than 25% c	of its not ass	otr	
Ď				ng members of the governing body (Part VI, line 1a).			3	24
SS	4	Number of	of inde	pendent voting members of the governing body (Part			4	24
Z,	5	Total nun	ber of	f employees (Part V, line 2a)	vi, iiie ibj		5	88
Acti	6	Total num	aber of	f volunteers (estimate if necessary)			. 6	0
•				Plated business revenue from Part VIII, column (C), line			7a	0
_	b	Net unrela	ated bo				. 7b	0
						Prior Y	ear	Current Year
61	8	Contributi	ions ar	nd grants (Part VIII, line 1h)		3	,199,141	3,457,579
Revenue	9	Program :	service	e revenue (Part VIII, line 2g)			421,323	407,039
leve	10	Investmer	nt inco	me (Part VIII, column (A), lines 3, 4, and 7d)			6,357	1,163
ш.	11	Other revi	епие ()	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			44,719	48,682
_	12	Total reve	nue – a	dd lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12)	. 3	,671,540	3,914,463
	13	Grants an	d simi	lar amounts paid (Part IX, column (A), lines 1-3)	L			
65	14	Benefits p	aid to	or for members (Part IX, column (A), line 4)				
penses	15	Salaries, o	ther co	mpensation, employee benefits (Part IX, column (A), lines	5-10)	2	,751,482	2,982,002
De l	16a	Profession	nal fun	draising fees (Part IX, column (A), line 11e)			1	
Ä	þ.	Total fund	raising	expenses (Fartix, column (D), line 25)	,97i <u>s</u>		黎德 斯	动物-动脉-动脉-
	17	Other exp	enses	(Part IX, column (A), lines 11a-11d, 11f-24f)			,030,806	1,045,857
	18	Total exp	enses,	Add lines 13-17 (must equal Part IX, column (A), line	25)		,782,288	4,027,859
F &	19	Hevenue la	ess exp	penses. Subtract line 18 from line 12			(110,748)	(113,396)
Net Assets or Fund Balances					Be	ginning of C		End of Year
Bal				rt X, line 16)	· · ·		,799,438	1,990,537
let /	21 22	i otal liabi	lities (F	Part X, line 26)	· · ·		335,402	640,072
				nd balances. Subtract line 21 from line 20		1	,464,036	1,350,465
111:	rt II	Signa Lunder per						
		and belief,	it is tru	perjung I declare that I have examined this return, including accompa e correct, and complete. Declaration of preparer (other than officer)	inying schedul is based on al	es and state I Information	ments, and to of which pre	o the best of my knowledge. parer has any knowledge.
Sig	n	12/	1	hall a Comment		1	, /	ni lii
Hei		Signa'	ture of o	officer		/ <u>/</u> / Da		'
110	<u> </u>	A		AMMED PLINE EVERS	مرو در سیسه پر	, na	10 E 0 a	T. D
		Type	or print	name and title	CIIVE	· <i>UI</i>	KCC.	10/K
		-	<u> </u>	Date,	Che	ck if	Dropp seeds to	Institutos sumbor
		Preparer's signature	•	1 1 1 A	/ self-		(see instructi	lentifying number lans)
Paid			•	you 1111-11 11/1	emp الم ا	loyed ► 🔛	,	065-38-5793
	arer's	Firm's nan		PERLMAN SCHLEIFER & PERRONE, 1398 DI	ER DADE	1	<u> </u>	3084680
Use	Uniy	If self-emp address, a	loyed),	AMERICAN CONTENT OF A PRINCIPLY 1990 DI			10. ► (631	
May	the (return with the preparer shown above? (see instruction	one\	151mie i	iu. P 1 00 1	√ Ves No

Ogden UT 84201

Department of the Treasury

Internal Revenue Service

1141

IRS USE ONLY

29404-338-50946-0 112442377

A0137628

For assistance, call: 1-877-829-5500

> Notice Number: CP211A Date: January 3, 2011

Taxpayer Identification Number:

11-2442377 Tax Form: 990

Tax Period: April 30, 2010

025249.806713.0087.002 1 AT 0.357 375 հոկուկիկորկինությունը և բարարականիկին և ականական

NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE INC 15 GRUMMAN RD W STE 1000 BETHPAGE NY 11714-5028506

25249

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is March 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Carm	nnn	(2009)

Pá	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: ASSIST BATTERED WOMEN AND VICTIM OF SEXUAL ASSAULT AND THEIR FAMILIES BY PROVIDING THEM WITH COUNSELING AND TEMPORARY HOUSING AS NEEDED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	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 \$ 528,586 including grants of \$) (Revenue \$ 584,019) SAFE HOME
	SEE SCH O

4Ь	(Code:) (Expenses \$ 1,370,564 including grants of \$) (Revenue \$ 1,356,852 } NON RESIDENTIAL AND COMMUNITY EDUCATION SEE SCH O

4c	(Code:) (Expenses \$ 765,242 including grants of \$) (Revenue \$ 598,019) LEGAL ADVOCACY
	SEE SCH O

	Other program services. (Describe in Schedule O.) (Expenses \$ 977,787 including grants of \$) (Revenue \$ 714,327)
4e	Total program service expenses ► 3,421,179

	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		V
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7	,	V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		4
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	v	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	有数 12	<i>✓</i>	
	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. Yes No 12A			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	=	~
D	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	145		"
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	15		V
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	16		v
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	17		~
8	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	18	1	
9	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.	19		~
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		~

	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.	21		V
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	22		V
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	23	ا ا ر	
248	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.	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	-	<i>V</i>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
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	25a		~
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	25b		/
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	26		<u> </u>
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	27		٧.
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):		ŢŽ	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV The schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV The schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV The schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L is a current or former officer, director, a current or former off	28a 28b		V
С	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	28c		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	V	
31	conservation contributions? If "Yes," complete Schedule M	30	.	~
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
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	33		V
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	34		~
JO	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		V
	organization? If "Yes," complete Schedule R, Part V, line 2.	36		v
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
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.	37	<u></u>	
		- 50	<u> </u>	

Pa	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2~	gaming (gambling) winnings to prize winners?	1c	Por Contract of the Contract o	50000000000000000000000000000000000000
	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			
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	eren.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		ا د
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		,
b	If "Yes," enter the name of the foreign country: ▶			多类
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		V
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		
7	Organizations that may receive deductible contributions under section 170(c).	YEAR THE		
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d		884	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1 <u>1</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
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		
	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	SMTHORAS CO	V
a	Sponsoring organizations maintaining donor advised funds.			100
b	Did the organization make any taxable distributions under section 4966?	9a 9b		V
,	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ĺ	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in liquid Form 10412	12a	Total Control	
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			18.00

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.

Se	ction A. Governing Body and Management			
	The state of the s		Yes	No
12	a Enter the number of voting members of the governing body		起藥	
b		1275250		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	製器		
	one other officer eliments, but the	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		ا
=	supervision of officers, directors or trustees, or key employees to a management company or other person?		Ì	1
4	Did the organization make one distillent the peace to the provides to a management company or other person?	3		7
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		~
6	Did the organization become aware during the year of a material diversion of the organization's assets?	5		V
	Does the organization have members or stockholders?	6	 	
<i>,</i> a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			,
h		7a		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1525 545-75	SACHES:
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	375		经推
_	the year by the following:	Out.	310	M.S
a b	The governing body?	8a	V	ļ
9	and the desired that desired to act on pelial of the developing library	8b	~	
5	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
Sac	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Bev	ction B. Policies (This Section B requests information about policies not required by the Interenue Code.)	ernal		
	5.00 SGGC.)			
40			Yes	No
tua	Does the organization have local chapters, branches, or affiliates?	10a		V
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		:	į
•	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	V	-21-25
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	新疆		10.67
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	~	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction notice?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by	资金		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	V	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1.4	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		V
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	相談	激散	
	The participation in joint venture arrangements under applicable tederal tay law, and taken stone to enforce d			
	the organization's exempt status with respect to such arrangements?	16b	LS4-FREGE	*******
Sec	tion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed ► NEW YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.)(O)S	os ily)	
	✓ Own website ☐ Another's website ☑ Upon request			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict			
	policy, and financial statements available to the public.	or inte	erest	
20	State the name obveiced address and talenthese and			
	State the name, physical address, and telephone number of the person who possesses the books and reco organization: > LOUANNE MARCHAND, 15 GRUMMAN RD W, SUITE 1000, BETHPAGE, NY 11714	ras o	t the	

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 co	ompensate	any o	curre	ent	off!	cer, d	lirec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	check	c all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SANDRA OLIVA							_	•••		
PRESIDENT	35.00			V				93,649		6,752
STACEY NOVICK										
CO-PRESIDENT	AS REQ	1	ļ							
TONI WIENER					ļ					
CO-PRESIDENT	AS REQ	\ v								
SUSAN RING										
FIRST VICE PRESIDENT	AS REQ	V						-		
LYNN STEPPACHER MARTIN										
SECOND VICE PRESIDENT	AS REQ	/								
CAROLE A. BURNS										
SECRETARY	AS REQ	1								
GEORGE MEDLIN										
TREASURER	AS REQ	V								
ILENE BARSHAY							П			
DIRECTOR	AS REQ	~								
KAREN BRAND										
DIRECTOR	AS REQ	1		Ì						
LIDIA MARMUREK					I					
DIRECTOR	AS REQ	~								
MARCIA FIELD									, and the second	
DIRECTOR	AS REQ	V						<u> </u>		
DENISE GANG										
DIRECTOR	AS REQ	V								
MARILYN GENOA										
DIRECTOR	AS REQ	1								
CAROL GLICK	_	l								
DIRECTOR	AS REQ	1		ļ	<u> </u>		ļ			
LESLIE GROSS		-								
DIRECTOR	AS REQ	1		<u> </u>	1	<u> </u>				
DELLA HUDSON-TOMLIN										
DIRECTOR	AS REQ	V		<u> </u>	<u> </u>]			<u> </u>	

Pa	rt VII Section A. Officers, Directors, Tre	ustees, Key	y Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees (continued)
	(A)	(B)		•		C)			(D)	(E)	(F)
	Name and title	Average hours per week		, -	Officer	Key employee	that Highest employe	Former	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the
•			Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee		(W-2/1099-MISC)	,	organization and related organizations
	DREW JACONO	, ,				1					
	ECTOR	AS REQ	V		L				ļ		
	RBARA MILGRAM KESSLER ECTOR					}					
	QUELINE MORGAN	AS REQ	V	<u> </u>		<u> </u>		ļ			
	ECTOR	40 000					ĺ	ĺ			ļ
	BIN PIKUS	AS REQ	~		<u> </u>	<u> </u>		-			
DIR	ECTOR	AS REQ	ا را			1					
JAN	E DONNELLY SCHMITT	AO IILU	<u> </u>	-		-					
	ECTOR	AS REQ	v					}	l i		
	DA TAUB										
	ECTOR	AS REQ	V								
	IEL URBAN ECTOR									-	
ואום	ECTOR	AS REQ	~								
•		i									
				\dashv							
										•	
	••••••		_		_						
1b	Total					l		>	93,649		6,752
2	Total number of individuals (including but n reportable compensation from the organiza	ot limited to	to tho	se l	iste	ed a				ore than \$100,	000 in
								•			Yes No
3	Did the organization list any former officer employee on line 1a? If "Yes," complete So	r, director i	or tru	stee	e, k	ey e			e, or highest c		3 ~
	For any individual listed on line 1a, is the s										
	the organization and related organizations of	preater than	3 \$15	ስ ስር	ገበን	If m	/oc "	con	nolete Schedu	le J for such	4
5 .	individual. Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue d'es." comp	comp lete S	ens che	atio	n fi	om a	iny	unrelated orga	anization for	5
Sec	tion B. Independent Contractors			4			701 01	4017	<i>person</i>		131 19
1	Complete this table for your five highest co compensation from the organization.	mpensated	inde	per	nder	nt c	ontra	ctor	s that received	f more than \$	100,000 of
	(A) Name and business addr	ress	-						(B) Description of se	endras	(C) Compensation
	~			—-							Comparagion
		·					-+				- .
											·
2	Total number of independent contractors (in more than \$100,000 in compensation from	cluding but	t not I zation	imit ►	ed	to t	nose	liste	ed above) who	received	
										1-Track	- 一年を表現るというとのできるというないはない

1-6	rt VI	Statement of Re	evenue				1		
						(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	≟ la	Federated campaigns	<i>.</i> .	1a					
g g] b	Membership dues		1b			4-21-2	164 56 1	
į,	š c	Fundraising events	[1c	230,187		District Control		44.5
<u>.</u>	d	Related organizations		1d				OLD BUILDING	
ည်း	e	Government grants (conti	ributions\	1e	2,855,484		September 1		
텵	f	All other contributions, gifts,							
5 4	[]	and similar amounts not inclu		1f	371,908			阿尔克西亚斯	
룾	l g	Noncash contributions include		: \$	71,650				
Ö i	h	Total. Add lines 1a-1f				3,457,579			
<u> </u>	1				Business Code				
틸	2a	SUSTENANCE INCOM	/E		900099	407,039	407,039		***************************************
Program Service Revenue	Ь	**			 -	1			
8	C	***************************************	• • • • • • • • • • • • • • • • • • • •	• • •					
ēZ	١٨	***************************************		•••				<u>,,,,,,</u>	
5	e								·
gra	f	All other program servi		• • •		-			
F.	g	Total. Add lines 2a-2f		•		407,039		STORY STATE	/0-10 est action 2.04%
	3					10.,000	A-01-453-1200-25-407-140-15	2004026233623357	MATERIAL SERVICE STATE AND A
	"	investment income (incother similar amounts)	ing alvia	enos	s, interest, and	1,163	1,163		
	4	Income from investment of	ftav avamet	bon	, , >	1,122	7,700		
	5	Royalties	n tax-exempt	DOM	u proceeds	· · · · ·			
	Ì	, , , , , , ,	(I) Real	<u> </u>	(ii) Personal	W-120 15 15 15 15 15 15 15 15 15 15 15 15 15			
	62	Gross Rents					包括型荷里井		
		Less: rental expenses							
		Rental income or (loss)						na de e mes	
	ď	Net rental income or (lo	oss)	'					
		Gross amount from sales of	(I) Securities	i	(ii) Other	ALCOHOLD SECTION			A STATE OF THE STATE OF
	10.	assets other than inventory					Para Paris Indian	Heida Villa	
	h	Less: cost or other basis	-				5.63 4 16 9.		
	"	and sales expenses .							Area to the said
		Gain or (loss)				97,777		医神经神经	
		Net gain or (loss)	· · · ·						
Φ				1			4045-24-25-3E-0		5.
Other Revenue	oa	Gross income from events (not including \$	fundraising	'			经证据证据		
ě		of contributions reported	d on line 1c)	.					
ů.		See Part IV, line 18		. а		A TOTAL STATE			
Ē	ь			ь					a de la casa de la
ŏ	С	Net income or (loss) fro	m fundraisii	nα e	vents ►	district the state of the later		0212	
	34	Gross income from gam See Part IV, line 19	ing activities	a				7 H F 18	
	ь	Less: direct expenses.		ь					
	С	Net income or (loss) fro	m gaming a	ctivi	ties .	The state of the s	STATE OF THE PROPERTY OF THE P	※要求を定めるの数の可能がある。	Transport Control of the Control of
	ľ	Gross sales of inve		- 6					
		returns and allowances		a			charge and	20 Sept.	
		Less: cost of goods sol		b			通过需要的 基		
		Net income or (loss) from			rv				
		Miscellaneous Reve		7	Business Code	5120 (COST 200		THE CHANGE OF STREET	
	11a	SPEAKER FEES	_		900099	6,001	6,001		
	ь	COUNSELING SERVIC	ËS	··	900099	42,681	42,681		
	-			}	300033	72,001	46,001		
	C	All other revenue		•• }					
		All other revenue Total , Add lines 11a–11		٠ ١		48,682		THE PERSON NAMED IN COLUMN TWO	\$1,746 by 620 com
		Total revenue. See inst		•	💺	3,914,463	1,163	医10-400000000000000000000000000000000000	
	_=		-1 11-11-11-11-11-11-11-11-11-11-1			5,514,403	1,183		I .

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, (A) Total expenses (C) Management and general expenses (B) Program service (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 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 Compensation of current officers, directors, 100,400 92,527 7,873 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,301,623 2,121,137 180,486 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . 94,534 87,121 7,413 Other employee benefits 301,632 277,978 23,654 10 Payroll taxes 183,812 169,398 14,414 Fees for services (non-employees): a Management b Legal 37,099 33,519 3,580 c Accounting 9,500 8,755 745 e Professional fundraising services. See Part IV, line 17 Investment management fees g 12 Advertising and promotion Office expenses 13 38,958 35,656 Information technology 6,079 14 5,602 477 Royalties 15 Occupancy 16 429,116 415,979 13,137 Travel 17 14,938 8,340 6,598 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 21,984 19,131 2,853 20 21 Depreciation, depletion, and amortization. 22 59,877 57,666 2,211 23 Insurance 53,624 46,462 7,162 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.) **FUND RASING** 81,971 SEE SCHEDULE 81,971 b 292,712 262,908 29,804 All other expenses Total functional expenses. Add lines 1 through 24f 4,027,859 3,642,179 303,709 81,971 Joint costs. Check here ► 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

NCCADV Form 990 Part IX Line 24b

	Total Expenses	Program Expenses	Management and General
Program Supplies	13,599	13,572	77
Food and Client Needs	105,080	105,080	
Postage and Printing	. 29,864	27,188	2.676
Telephone and Utilities	37,490	33,411	4,079
Bank Charges	14,916	13,392	1.524
Miscellaneous G&A	17,376	1,206	16.170
Automobile	4,536	4,536	
Furniture and Equipment	63,172	57,965	5.207
Recruitment	442	442	•
Repairs	6,237	6,116	121
Total	292,712	262,908	29.804

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	405,652	1	180,044
	2	Savings and temporary cash investments	90,908	2	14,866
	3	Pledges and grants receivable, net	425,836	3	716,815
	4	Accounts receivable, net	·	4	
	5	Receivables from current and former officers, directors, trustees, key		8.4	75.245.25.25
		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	
şţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	21,873	9	21,982
	10a	Land, buildings, and equipment: cost or 10a 1,469,548	general metals	920	2000年10日6月
		other basis. Complete Part VI of Schedule D	通知某一的多数的	100	
	ь	Less: accumulated depreciation 10b 621,505	666,726	10c	848,043
i	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	188,443	15	208,787
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,799,438	16	1,990,537
	17	Accounts payable and accrued expenses	335,402	17	640,072
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	+
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22 .	Payables to current and former officers, directors, trustees, key			THAT SHEET SHEET
윤		employees, highest compensated employees, and disqualified			
۱-		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	
j	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	335,402	26	640,072
Fund Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ᆲ	27	Unrestricted net assets	1,464,036	27	1,350,465
&	28	Temporarily restricted net assets		28	
털	29	Permanently restricted net assets		29	<u> </u>
5		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
हैं।	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	1,464,036		1,350,465
-1	34	Total liabilities and net assets/fund balances	1,799,438	34	1,990,537

Form **990** (2009)

_		
Form	990	(2009)

Page 12

-			1 65	, , , _
Pa	t XI Financial Statements and Reporting			-
			Yes	No
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?	2a		V
b	Were the organization's financial statements audited by an independent accountant?	2b	~	
С	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?	2c	~	
	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:			
3а	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	~	
ь	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.	3b	v	

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC. 11 2442377 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's пате, city, and state: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 331/2 % 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% % 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.) 11 \(\sum \) 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. 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(îii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the organization in col. (i) listed in your (described on lines 1-9 above or IRC section governing document? col. (i) of your (i) organized in the support? (see Instructions)) U.S.? Yes No

Total

Pa	Support Schedule for Org (Complete only if you chec	ganizations E ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1)(A)(vi)
Se	ction A. Public Support						
С	alendar 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.")	3,200,814	3,186,368	3,112,569	3,620,464	3,864,618	16,984,833
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	3,200,814	3,186,368	3,112,569	3,620,464	3,864,618	16,984,833
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.	加州国际				(\$1,40°C)(\$2)	16,984,833
	tion B. Total Support						
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	3,200,814	3,186,368	3,112,569	3,620,464	3,864,618	16,984,833
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,901	2,637	2,959	3,734	1,163	12,394
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	26,716	17,484	19,459	22,772	48,682	135,113
11	Total support. Add lines 7 through 10 .	Francisco Maria	和傳統領的	经期间2年发生	对他们就是对	也不是外面被	17,132,340
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					n 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Sur	port Percen	tage				
14	Public support percentage for 2009 (line 6	6, column (f) div	ided by line 11	, column (f))		14	99.14 %
15	Public support percentage from 2008 Sch	edule A, Part II				15	99.07 %
16a	33% % support test-2009. If the organization qualifies	zation did not ci	heck the box o	n line 13, and I	ine 14 is 33% 9	% or more, ched	ck this box
b	331/4 % support test—2008. If the organization quality box and stop here. The organization quality	ation did not ci	neck a box on I	line 13 or 16a.	and line 15 is 3	33¼ % or more.	check this
17a	10%-facts-and-circumstances test-200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	09, If the organizacts-and-circum	zation did not c stances" test, c	heck a box on t check this box a	ine 13, 16a, or and stop here.	16b, and line 14	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008, more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circums nces" test. The c	stances" test, ci organization qua	heck this box a lifies as a public	nd stop here. ly supported or	Explain in Part ganization	IV how the
	The organization did	HOLOHOGA & DOX	COLUME 13, (68	. 100, 17a, 071	/ U, CRECK TRIS I	Jox and see Inst	iructions 🕨 🗀

iffs, grants, contributions, and dembership fees received. (Do not include by "unusual grants.") ross receipts from admissions, merchandise old or services performed, or facilities mished in any activity that is related to the ganization's tax-exempt purpose ross receipts from activities that are not an irelated trade or business under section 513 ax revenues levied for the organization's enefit and either paid to or expended on behalf are value of services or facilities mished by a governmental unit to the ganization without charge of tall. Add lines 1 through 5 mounts included on lines 1, 2, and 3 derived from disqualified persons that could be received from the greater of \$5,000 or 1% of the mount on line 13 for the year did lines 7a and 7b didic support (Subtract line 7c from a 6.) B. Total Support did for facilities in the mounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008		2009	(f) Total
ny "unusual grants.") ross receipts from admissions, merchandise old or services performed, or facilities mished in any activity that is related to the granization's tax-exempt purpose. ross receipts from activities that are not an irrelated trade or business under section 513 ax revenues levied for the organization's enefit and either paid to or expended on behalf are value of services or facilities mished by a governmental unit to the granization without charge petal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 derived from disqualified persons mounts included on lines 2 and 3 received mother than disqualified persons that ched the greater of \$5,000 or 1% of the mount on line 13 for the year and 7b delines 7a and 7b delic support (Subtract line 7c from a 6.) n B. Total Support mounts from line 6	(a) 2005	(b) 2006			(e)		(f) Total
ross receipts from admissions, merchandise old or services performed, or facilities mished in any activity that is related to the ganization's tax-exempt purpose ross receipts from activities that are not an irelated trade or business under section 513 ax revenues levied for the organization's are revenues levied for the organization's arefit and either paid to or expended on a behalf revalue of services or facilities mished by a governmental unit to the ganization without charge retail. Add lines 1 through 5 rounts included on lines 1, 2, and 3 received from disqualified persons anounts included on lines 2 and 3 received mother than disqualified persons that cred the greater of \$5,000 or 1% of the rount on line 13 for the year led lines 7a and 7b ablic support (Subtract line 7c from a 6.) Total Support daryear beginning in)	(a) 2005	(b) 2006			(e)		(f) Total
mished in any activity that is related to the ganization's tax-exempt purpose cost receipts from activities that are not an invalidation and the propose of the organization's ax revenues levied for the organization's ax revenues levied for the organization's and either paid to or expended on a behalf of the value of services or facilities mished by a governmental unit to the ganization without charge obtal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 delived from disqualified persons on the property of the greater of \$5,000 or 1% of the count on line 13 for the year and 7b oblic support (Subtract line 7c from the 6.) In B. Total Support daryear beginning in) becomes the count on line 6	(a) 2005	(b) 2006			(e)		(f) Total
ganization's tax-exempt purpose ross receipts from activities that are not an related trade or business under section 513 ax revenues levied for the organization's enefit and either paid to or expended on a behalf ne value of services or facilities mished by a governmental unit to the granization without charge otal. Add lines 1 through 5 nounts included on lines 1, 2, and 3 positive from disqualified persons that conceived from disqualified persons that conceived the greater of \$5,000 or 1% of the bount on line 13 for the year discussion of the discussion of the second that the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the bount on line 13 for the year discussion of the second that the greater of \$5,000 or 1% of the second the greater of \$5,000 or	(a) 2005	(b) 2006			(e)		(fi Total
ax revenues levied for the organization's exertification and either paid to or expended on the behalf be value of services or facilities mished by a governmental unit to the ganization without charge of tall. Add lines 1 through 5 mounts included on lines 1, 2, and 3 delived from disqualified persons mounts included on lines 2 and 3 received mother than disqualified persons that deed the greater of \$5,000 or 1% of the mount on line 13 for the year and 7b. Id lines 7a and 7b. Id lines 7a and 7b. In B. Total Support dar year beginning in)	(a) 2005	(b) 2006			(e)		(fi Total
enefit and either paid to or expended on behalf the value of services or facilities mished by a governmental unit to the ganization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 delived from disqualified persons mounts included on lines 2 and 3 received mounts included on lines 2 and 3 received mother than disqualified persons that deed the greater of \$5,000 or 1% of the mount on line 13 for the year discusted lines 7a and 7b. Id lines 7a and 7b. In B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006			(e)		(fi Total
enefit and either paid to or expended on behalf the value of services or facilities mished by a governmental unit to the ganization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 delived from disqualified persons mounts included on lines 2 and 3 received mounts included on lines 2 and 3 received mother than disqualified persons that deed the greater of \$5,000 or 1% of the mount on line 13 for the year discusted lines 7a and 7b. Id lines 7a and 7b. In B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006			(e)		(fi Total
rnished by a governmental unit to the ganization without charge otal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 delived from disqualified persons mounts included on lines 2 and 3 received mounts included on lines 2 and 3 received mother than disqualified persons that deed the greater of \$5,000 or 1% of the mount on line 13 for the year did lines 7a and 7b delic support (Subtract line 7c from e.6.) n. B. Total Support dar year beginning in)	(a) 2005	(b) 2006			(e)		(fi Total
ganization without charge ptal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 delived from disqualified persons mounts included on lines 2 and 3 received mother than disqualified persons that deed the greater of \$5,000 or 1% of the mount on line 13 for the year add lines 7a and 7b delic support (Subtract line 7c from e 6.) n B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006			(e)		(fi Total
ptal. Add lines 1 through 5 mounts included on lines 1, 2, and 3 ceived from disqualified persons mounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the mount on line 13 for the year ld lines 7a and 7b biblic support (Subtract line 7c from e 6.) n B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006			(e)		(fi Total
nounts included on lines 1, 2, and 3 ceived from disqualified persons nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year lid lines 7a and 7b	(a) 2005	(b) 2006			(e)		(fi Total
nounts included on lines 2 and 3 received mounts included on lines 2 and 3 received mother than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year did lines 7a and 7b. Ablic support (Subtract line 7c from e.6.) In B. Total Support dar year beginning in)	(a) 2005	(b) 2006			(e) :		(fi Total
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m other than disqualified persons that ceed the greater of \$5,000 or 1% of the count on line 13 for the year did lines 7a and 7b diblic support (Subtract line 7c from e.6.) n B. Total Support dar year beginning in)	(a) 2005	(b) 2006		(4) 2000	(e) ((A Total
ceed the greater of \$5,000 or 1% of the count on line 13 for the year id lines 7a and 7b iblic support (Subtract line 7c from e 6.) n B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006		(4) 2000	(e) ((A Total
tount on line 13 for the year	(a) 2005	(b) 2006		(A) 2002	(e) ((f) Total
Id lines 7a and 7b	(a) 2005	(b) 2006		(A) 2002	(e)		(f) Total
iblic support (Subtract line 7c from e 6.) n B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006		(4) 2002	(e)		(f) Total
e 6.) n B. Total Support dar year (or fiscal year beginning in)	(a) 2005	(b) 2006		(4) 0000	(e)		(f) Total
n B. Total Support dar year (or fiscal year beginning in) nounts from line 6	(a) 2005	(b) 2006	1 () 0005	(4) 0000	(e)		(f) Total
nounts from line 6	(a) 2005	(b) 2006	1 1 2 2 2 2 2	(4) 0000	(e) 2		(f) Total
			(c) 2007	(d) 2008	, (~, .	2009	(i) iorai
oss income from interest, dividends, yments received on securities loans, its, royalties and income from similar urces							
related business taxable income (less stion 511 taxes) from businesses quired after June 30, 1975	-						
		-					
					-		
ivities not included in line 10b, ether or not the business is regularly							
							1
s from the sale of capital assets plain in Part IV.)							
tal support. (Add lines 9, 10c, 11, i 12.)							
lanization, check this box and stop h	nere						
olic support percentage for 2009 (line	e 8, column (f)	divided by (ir	ne 13, column	(f))	15		9/
olic support percentage from 2008 S	ichedule A, Pa	rt III, line 15	<u></u>		16		9/
estment income percentage for 2009	line 10c, col	umn (f) divide	d by line 13, co	olumn (f)) .	17		9/
estment income percentage from 200	08 Schedule A	, Part III, line	17		18		. 9
is not more than 33½ %, check this bo	ox and stop he	re. The organi	ization qualifies	as a publicly :	support	ed orga	enization 🕨
	zation did not d	check a box or	line 14 or line	19a and line 1	A is mo	re than	33/4 % and
5 % support tests—2008. If the organi- 18 is not more than 33% %, check this vate foundation. If the organization of the control of the c	oux and stop i	n ere. The orga	nization qualifie	s as a publicly	ջորիու	ed orga	mization =
tiver was said as a line of the said	ether or not the business is regularly fied on er income. Do not include gain or so from the sale of capital assets obtain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) et five years. If the Form 990 is for the anization, check this box and stop Inc. C. Computation of Public Support percentage for 2009 (lines support percentage from 2008 S D. Computation of Investment income percentage from 2008 setment	income from unrelated business vities not included in line 10b, either or not the business is regularly ied on . er income. Do not include gain or from the sale of capital assets plain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) et five years. If the Form 990 is for the organization anization, check this box and stop here C. Computation of Public Support Percerbic support percentage for 2009 (line 8, column (f) old support percentage from 2008 Schedule A, Pa D. Computation of Investment Income Percentage for 2009 (line 10c, column from the percentage from 2008 Schedule A as support tests—2009. If the organization did not see that the properties of the organization of the support tests—2009. If the organization did not see the support tests—2008.	income from unrelated business vities not included in line 10b, either or not the business is regularly fied on er income. Do not include gain or from the sale of capital assets plain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) et five years. If the Form 990 is for the organization's first, secon anization, check this box and stop here C. Computation of Public Support Percentage polic support percentage for 2009 (line 8, column (f) divided by finally support percentage from 2008 Schedule A, Part III, line 15 D. Computation of Investment Income Percentage estiment income percentage for 2009 (line 10c, column (f) divided estiment income percentage from 2008 Schedule A, Part III, line is some support tests—2009. If the organization did not check the base not more than 33½%, check this box and stop here. The organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008. If the organization did not check a box or support tests—2008.	income from unrelated business vities not included in line 10b, either or not the business is regularly fied on er income. Do not include gain or a from the sale of capital assets plain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) et five years. If the Form 990 is for the organization's first, second, third, fourth anization, check this box and stop here C. Computation of Public Support Percentage blic support percentage for 2009 (line 8, column (f) divided by line 13, column blic support percentage from 2008 Schedule A, Part III, line 15. D. Computation of Investment Income Percentage estment income percentage for 2009 (line 10c, column (f) divided by line 13, column strength income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimant income percentage from 2008 Schedule A, Part III, line 17. estimated the support tests—2009. If the organization did not check the box on line 14, as income percentage from 2008. If the organization did not check the box on line 14 or line 19.	income from unrelated business vities not included in line 10b, either or not the business is regularly fied on . er income. Do not include gain or from the sale of capital assets plain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) at five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax yeanization, check this box and stop here C. Computation of Public Support Percentage Dic support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) D. Computation of Investment Income Percentage estment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) estment income percentage from 2008 Schedule A, Part III, line 17 as we support tests—2009. If the organization did not check the box on line 14, and line 15 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly of the support tests—2008. If the organization did not check a box on line 14 or line 19a and line 15.	income from unrelated business vities not included in line 10b, either or not the business is regularly fied on er income. Do not include gain or a from the sale of capital assets plain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) et five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as anization, check this box and stop here C. Computation of Public Support Percentage blic support percentage for 2009 (line 8, column (f) divided by (line 13, column (f)) 15 blic support percentage from 2008 Schedule A, Part III, line 15 16 D. Computation of Investment Income Percentage estment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008 Schedule A, Part III, line 17 18 estment income percentage from 2008	income from unrelated business vities not included in line 10b, sther or not the business is regularly fied on er income. Do not include gain or from the sale of capital assets plain in Part IV.) all support. (Add lines 9, 10c, 11, 12.) et five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section anization, check this box and stop here C. Computation of Public Support Percentage blic support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 D. Computation of investment Income Percentage estment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17

OCHEBBIO A (F	orm 990 or 990-EZ) 2009	
Part IV	Supplemental Information. Part II, line 17a or 17b; and F	Complete this part to provide the explanations required by Part II, line 10; Part III, line 12. Provide any other additional information. See instructions.
	**	
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*-*b <b>-</b>		
· <b>-</b>		
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### SCHEDULE D (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization
NASSALI COLINTY COALITION AGAINST DOMESTIC VIOLENCE.

Employer identification number

	SSAU COUNTY CUALITION AGAINST DON		11 ; 2442377
P	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Sim	ilar Funds or Accounts. Complete if
	are organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts
1	Total purpher at and of uses	(a) Donar advised lights	(b) Forius and outer accounts
2	Total number at end of year		<del></del>
3	Aggregate contributions to (during year)  Aggregate grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5		done a militar and in the state of the state	
	Did the organization inform all donors and funds are the organization's property, subj	ect to the organization's exclusive leg	al control?   Yes   No
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private b	for the benefit of the donor or donor :	advisor, or for any other
Pa	rt II Conservation Easements, Comp	olete if the organization answered "\	Yes" to Form 990 Part IV line 7
1	Purpose(s) of conservation easements held		
	☐ Preservation of land for public use (e.g. ☐ Protection of natural habitat ☐ Preservation of open space	, recreation or pleasure) 🔲 Preser	vation of an historically important land area vation of a certified historic structure
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year.	ation held a qualified conservation con	tribution in the form of a conservation
	-		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
þ	Total acreage restricted by conservation ea	sements	2b
c	Number of conservation easements on a co	ertified historic structure included in (a	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the tax year	d, transferred, released, extinguished	, or terminated by the organization during
4	Number of states where property subject to	conservation easement is located .	
5	Does the organization have a written policy violations, and enforcement of the conserva-	regarding the periodic monitoring, in	spection, handling of
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring . \$	, inspecting, and enforcing conservati	on easements during the year
8	Does each conservation easement reported $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?		Yes ∐ No
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservations	eports conservation easements in its	revenue and avoence statement, and
Par	t III Organizations Maintaining Colle	ctions of Art. Historical Treasure	s, or Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, lin	e 8.
1a	If the organization elected, as permitted und art, historical treasures, or other similar asset provide, in Part XIV, the text of the footnote	'S held for public exhibition, education,	or research in furtherance of public conjuga-
b	If the organization elected, as permitted und historical treasures, or other similar assets the provide the following amounts relating to the	ield for public exhibition, education, description, descr	or research in furtherance of public service,
	<ul><li>(i) Revenues included in Form 990, Part VI.</li><li>(ii) Assets included in Form 990, Part X .</li></ul>	ll, line 1	\$
	If the organization received or held works of following amounts required to be reported to	of art, historical treasures, or other signder SFAS 116 relating to these item	milar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, li Assets included in Form 990, Part X	ne 1	, , , , , + \$

_	ledule D (Form 990) 2009					Page 2
P	ort III Organizations Maintain	ing Collections of Ar	t, Histori	ical Treasur	es, or Other Similar	Assets (continued)
3	Using the organization's acquisition collection items (check all that app	accession and other	records, o	check any of	the following that are a	significant use of its
a	Public exhibition		d $\square$	Loan or exc	change programs	
Ł	= contain rescuren		e $\square$			
C	Treatment for faction general	tions				
4	Provide a description of the organize Part XIV.	zation's collections and	explain h	ow they furth	er the organization's e	xempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive donation than to be maintained	ns of art, las part of	historical treas the organizati	sures, or other similar on's collection?	. Yes No
Pa	ITT IV Escrow and Custodial A IV, line 9, or reported an	Arrangements, Compl	ete if the	organization	answered "Yes" to F	
1a	Is the organization an agent, truster included on Form 990, Part X?	e, custodian or other in	termediar	y for contribu	ıtions or other assets i	not
b	If "Yes," explain the arrangement in	Part XIV and complete	the follow	vina table		, L) 165 L NO
				wing table.		Amount
C	Beginning balance				1c	
d	Additions during the year		• • •	• • • • •	1d	****
e	Distributions during the year			· · · · ·	1e	·
F	Ending balance			. <i></i>	1f	
2a	Did the organization include an amo	Just on Form 990 Part	X. line 21	 17		Yes No
D	If "Yes," explain the arrangement in	Part XIV.				
₽a	tt V Endowment Funds. Co	mplete if the organiza	ation ans	wered "Yes	" to Form 990, Part	IV, line 10.
			) Prior year		ers back (d) Three years ba	
1a	Beginning of year balance			2000	Service Reserved	
b	Contributions	-			us de la company	
C	Net investment earnings, gains, and losses					
ď	Grants or scholarships					
е	Other expenditures for facilities		***			
	and programs					
f	Administrative expenses			5,6445.20		
g	Administrative expenses End of year balance			1000		ar a decrease a
2	Provide the estimated percentage of	f the year end balance	held as:	p. 10 0. 00 (0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	ACTION OF THE PROPERTY OF THE	CONTRACTOR OF THE PROPERTY OF
а	Board designated or quasi-endown	ent ·%				
b	Permanent endowment ·	%				
C	Term endowment · %					
	Are there endowment funds not in the organization by:		anization t	hat are held a	and administered for the	Yes No
	(i) unrelated organizations					3a(i)
			· · · ·			3a(ii)
b	If "Yes" to 3a(ii), are the related orga	nizations listed as requ	ired on S	chedule R?		3b
-4	describe in Part XIV the intended us	es of the organization's	s endowrr	ent funds.		
Par	W Investments—Land, Bui	ldings, and Equipm	ent. See	Form 990, I	Part X, line 10.	
	Description of investment	(a) Cost or other basi (investment)	is (b) (	Cost or other ssis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			65.000		65,000
	Buildings		<u> </u>	927,922	369,198	558,724
	Leasehold improvements					000,124
	Equipment			476,626	252,307	224,319
_ е	Other		<u> </u>			223,010
Total	. Add lines 1a through 1e. (Column (d) π	ust equal Form 990, Par	t X, colum	n (B), line 10(d	:).)	848,043
						= : -, - : -

Part VII Investments—Other Securitie	Con Form 200 Fact	V 1: 10	Page
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of Cost or end-of-ye	of valuation: ear market value
Financial derivatives	<del></del>	<u> </u>	
Closely-held equity interests			
Other		<del> </del>	
	<del> </del>		•
		-	
	· <del> </del>	<del></del>	
***************************************	-		
***************************************	· <del> </del>		
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	<del></del>		
	· <del> </del>		<del></del>
	•		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
	<u> </u>	到情况是是是不是	
Part VIII Investments—Program Relate	ed. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method (	of valuation:
		Cost or end-of-ye	ear market value
		1	
			···
			•
-	· -		
tat. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	·		
art IX Other Assets. See Form 990, Pa	rf X line 15	20-1020 1020 1020 1020 1020 1020 1020 10	
	(a) Description		(h) Dank unkun
THER ASSETS	(a) Description		(b) Book value
THER RECEIVABLES	<del></del>		207,702
<del> </del>	<del></del>		201,10
	<del> </del>		
		<u> </u>	
	<u>-</u>		
	<del></del>		
	<del></del>		
<del></del>	<del></del>		
201 (0-1	<del></del>		
tal. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)	<u> </u>	208,78
other Liabilities. See Form 990,	Part X, line 25.		
(a) Description of liability	(b) Amount		
deral income taxes			
	* ***		
······································	<del></del>		
		SELECTION OF THE PROPERTY OF T	THE PERSON OF TH

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.

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

_	edule D (Form 990) 2009		Page 4
_	Reconciliation of Change in Net Assets from Form 99	0 to Audited Financial St	atements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	lotal expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	investment expenses		6 .
7	Pflor period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10		oine lines 3 and 9 — — L	10
	Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	
1	Total revenue, gains, and other support per audited financial stateme	nts	1
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	<u>2b</u>	
C	Recoveries of prior year grants	2c	
d	(	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 Stores
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.) Add lines 4a and 4b	4b	
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c
	t XIII Reconciliation of Expenses per Audited Financial St	12.)	5
1		atements with Expens	1 · · · · · · · · · · · · · · · · · · ·
2	Total expenses and losses per audited financial statements		( 1
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1 0-1	
ь	Prior year adjustments	2a   2b	
c	Other Joseph	2c	
_	Other losses	2d	-2-3
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	• • • • • • • •	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ROSE -
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	. line 18.)	5
Par	XIV Supplemental Information	,	
	olete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	and 9; Part III, lines 1a and ; and Part XIII, lines 2d and	d 4b. Also complete
	·	***************************************	
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Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
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### SCHEDULE J (Form 990)

Department of the Treesury internal Revenue Service

Name of the organization

NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	SSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC.	11	i	244237	7	
P	art I Questions Regarding Compensation		1.	•		
				Contract	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a per 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding	son lis g thes	sted in Forr e items.	n		
	First-class or charter travel Housing allowance or residence	for pe	ersonal use		974	
	☐ Travel for companions ☐ Payments for business use of pe	ersona	! residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or init	tiation	fees			37
	☐ Discretionary spending account ☐ Personal services (e.g., maid, ch	auffeu	ır, chef)			
	Mark the second					
,	If any of the boxes on line 1a are checked, did the organization follow a written policy re or reimbursement or provision of all of the expenses described above? If "No," complete explain	Part !	ll to	t lb		
2	explain	٠.,		4.1		
_	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked	irrea b 1 in lin	e 1a? .	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation	on of t	he			
	organization's CEO/Executive Director. Check all that apply.					
	☑ Compensation committee ☐ Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation for the compensation survey or study ☐ Description of the compensation of the comp					
	Form 990 of other organizations	sation	committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respectively		41 PD .			
	organization or a related organization;	ect to	me illing			
а	Receive a severance payment or change-of-control payment?			4a	<u> </u>	<i>V</i>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b		~
C	Participate in, or receive payment from, an equity-based compensation arrangement?			4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each	h item	in Part III.			
	Only section 501(a)(2) and 501(a)(4) arranianting and a section of the section of				桶牌	
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accompensation contingent on the revenues of:					
a	The organization?			5a		V
b	Any related organization?			5b	- Mark	<b>V</b>
	It "Yes" to line 5a or 5b, describe in Part III.		•			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accompensation contingent on the net earnings of:	crue a	any			
а	The organization?			6a		V
ь	Any related organization?			6b		V
	If "Yes" to line 6a or 6b, describe in Part III.			<b>建</b>		
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide a payments not described in lines 5 and 6? If "Yes," describe in Part III			7		,
8	Were any amounts reported in Form 990. Part VII, paid or accrued pursuant to a contract	that	Wac			
	subject to the initial contract exception described in Regs. section 53,4958-4(a)(3)? If "Ye	s," de	scribe			
	in Part III			8		V
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure of Regulations section 53.4958-6(c)?	lescrib	ed in	9		

Schedule J (Form 990) 2009

Page 2 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. (F) Compensation reported in prior Form 990 or Form 990-EZ 100,400 (E) Total of columns (B)(I)-(D) (D) Nontexable benefits Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a. 4,682 (C) Retirement and other deferred compensation 2,069 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (li) Bonus & Incentive compensation 93,649 (i) Base compensation ≘ ≘ € 월 ⊕ 🖹 **€ € € €** € € ≘ ≘ **≘ ≘** € 🖹 **= 5** LYNN STEPPACHER MARTIN (A) Name GEORGE MEDLIN LIDIA MARMUREK MARILYN GENOA STACEY NOVICK CAROLE BURNS **TLENE BARSHAY** EVELINE GOULD SANDRA OLIVA KAREN BRAND MARCIA FIELD LESLIE CROSS DENISE GANG CAROL GLICK TONI WIENER **SUSAN RING** 

Schedule J (Form 990) 2009

SCHEDULE J-1 (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

► See Instructions for Schedule J (Form 990).

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

(F) Compensation reported in prior Form 990 or Form 990-EZ 2442377 (E) Total of columns (B)(i)+(D) Employees (Schedule J, Part II) (D) Nontaxable benefits Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated
(8) Breakdown of W-2 and/or 1099-MISC compensation
(C) Betterment and (C) Retirement and other deferred compensation (iil) Other reportable compensation (ii) Bonus & incentive compensation NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC. (i) Base compensation ≘ ≘ € € ≘≘ EE ≘ ≘ BESE € € ≘ ≘ ≘ ≘ ≘ ≘ € € SE **€**€ ≘ BARBARA MILGRAM KESSLER JANE DONNELLY SCHMITT **DELLA HUDSON-TOMLIN** JACQUELINE MORGAN (A) Name ANDREW JACONO MURIEL URBAN RUBIN PIKUS **LINDA TAUB** Part 1

Schedule J-1 (Form 990) 2009

Cat. No. 51027H

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

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC. 2442377 Part 1 Types of Property (a) Check if (d) Method of determining Number of contributions Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art . . . . Art-Historical treasures . . Art-Fractional interests . . Books and publications . Clothing and household goods . . . . . . . . Cars and other vehicles Boats and planes Intellectual property , . . . Securities-Publicly traded . Securities-Closely held stock . Securities-Partnership, LLC. or trust interests . . . . . 12 Securities-Miscellaneous . 13 Qualified conservation contribution - Historic structures . . . . . Qualified conservation contribution -- Other . . . . Real estate-Residential , . 15 Real estate-Commercial . . Real estate-Other . . . . 17 Collectibles . . . . . . 18 19 Food inventory . . . . . 20 Drugs and medical supplies . Taxidermy . . . . . . . 21 Historical artifacts . . . 22 Scientific specimens . . 23 24 Archeological artifacts Other > ( FACILITIES/SERV) 71,650 25 COST 26 Other ► (.....) 27 Other ► (.....) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30ab If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part II	orm 990) 2009 Page 2
Fair II	Supplemental information. Complete this part to provide the information required by Part I, lines 30b,
	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
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### SCHEDULE O (Form 990)

## 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

Department of the Treasury Internal Revenue Service Name of the organization

NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC.

Employer identification number 11 2442377

Part III Line 4a - More than 2,760 women and children fleeing from violent homes have turned to NCCADV's shelter, the
Safe Home for Abused Families since it first opened in 1981. The Coalition's Safe Home (SHAF) has a primary goal of
securing the health and safety of the women and children residing there. At the same time, we seek to provide these
families with the everyday experience of a secure and healthy environment, and to make available a comprehensive array
effects of domestic violence, reduce the risk of future abuse, and increase safety for victims and their children through
counseling and advocacy services. A special Children's Services Project addresses the needs of child witnesses to
domestic violence. The shelter provides a safe haven for up to 15 women and children at any given time, day or night.
Part III Line 4b - Non Residential Services are designed to meet the safety, emotional, social, legal and physical needs of
victims. The Crisis Center is composed of 24 hour domestic violence and rape hotlines, domestic violence intake, crisis
intervention and referral services. Staff arranges for emergency safe housing, advocacy with systems and concrete
services. Emergency Room Advocacy is available 24-hours to assist victims in hospital settings. Through our Police
Project, the advocates outreach to victims after police intervention. The Counselors provide crisis, individual, and
group counseling, and advocacy services to victims of domestic violence and elder abuse, and to children who
witness violence in their homes. Special projects collaborate with N.C. Child Profective Services on cases in which
both issues are present, and provide counseling to victims experiencing both domestic violence and substance
abuse problems. The Education Department informs county residents of NCCADV's services, and educates the
community about the issues of domestic violence and rape/sexual assault through presentations to a wide variety of
community groups. Department staff train and supervise a Volunteer Speakers Bureau and Implement youth programs
directed at in dating violence and date rape, which are provided at secondary schools throughout the county. Educational
trainings are provided to members of law enforcement, criminal justice, education, health, mental health, social services,
faith based communities, chemical dependency, senior and youth services systems throughout Nassau County.
<u></u>
Part III Line 4c - The Coalition Legal Services Center provides consultations, advocacy and direct legal representation of
victims of domestic violence, dating violence, elder abuse, and rape/sexual abuse in court proceedings arising out of

Schedule O (Form 990) 2009  Name of the organization	Page 2 Employer identification number
NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC.	11 2442377
those issues. The availability of these pro bono specialized services is, for many clien	ts, their only avenue to obtain legal
assistance.	
Staff attorneys represent clients who present particularly difficult issues in family offe	nse, child custody and visitation,
paternity, divorces, immigration proceedings, housing, and other issues arising out of	the abuse, and who are unable to
obtain private counsel with expertise in these issues. Advocates work at Family Coun	t to assist victims in obtaining orders
of protection.	
Part III Line 4d - Crisis Intervention - Counseling services on an emergency basis for a	bused women. Expenses - \$322,228
Revenues - \$260,217, Transitional Housing. Expenses - \$442,930 Revenues - \$357,976	
PART VI SECTION B QUESTION 11a - A COPY OF THE FINALIZED FORM 990 IS FURNI	SHED TO THE EXECUTIVE
COMMITTEE 10 BUSINESS DAYS BEFORE THE FILING DATE (USUALLY THE EXTEND	ED DUE DATE). THE COMMITTEE
HAS 7 BUSINESS DAYS TO RESPOND. IF NO RESPONSE IS RECEIVED, THE FORM 9	90 AND SCHEDULES ARE DEEMED
APPROVED.	
	·
PART VI SECTION B QUESTION 12c - THE BOARD CHAIR INQUIRES AT ALL QUARTER	RLY BOARD MEETINGS WHETHER
ANY UPDATES ARE REQUIRED TO THE CONFLICT OF INTEREST STATEMENTS. KEY	EMPLOYEES ARE REQUIRED TO
UPDATE THEIR CONFLICT OF INTEREST STATEMENTS DURING THEIR ANNUAL REVI	IEW.
	***************************************
PART VI SECTION B QUESTION 15a - THE BOARD, ACTING AS THE COMPENSATION	COMMITTEE, REVIEWS THE
EXECUTIVE DIRECTOR'S SALARY USING COMPARABILITY DATA OBTAINED FROM O	UTSIDE SOURCES, I.E. GUIDESTAR.
·	
PART VI SECTION C QUESTION 19 - THE ORGANIZATION MAKES ITS GOVERNANCE	DOCUMENTS AVAILABLE FOR
PUBLIC INSPECTION UPON WRITTEN REQUEST DURING REGULAR BUSINESS HOUR	RS AT ITS MAIN OFFICE.

GOVERNANCE DOCUMENTS INCLUDE FINANCIAL STATEMENTS, CONFLICT OF INTEREST STATEMENTS, ETC.