benefit trust or private foundation) Service The organization may have to use a copy of this return to satisfy state 2008 calendar year, or tax year beginning JAN 1, 0 and ending Please Use IRS Idaho Coalition Against Sexual & Domestic Violence, Inc. Type Doing Business As See Specific JOO E. Mallard Dr. Set Set Section Section Domestic Violence, Inc. Section Section Section Domestic Violence, Inc. Specific Soon/suite J300 E. Mallard Dr. Set Section Sec	DEC 31, 0 D Employer identifi 82-0	
2008 calendar year, or tax year beginning JAN 1, 0 and ending         Please       C Name of organization         use IRS       Idaho Coalition Against Sexual &         Iabel or print or       Domestic Violence, Inc.         type       Doing Business As         See       Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         Specific       2.00 F	DEC 31, 0 D Employer identifi 82-0	cation number
Please Use IRS Idaho Coalition Against Sexual & Print or Domestic Violence, Inc. Type Doing Business As See See Specific 2.00 F. Mollord Dr. 120	D Employer identifi	
Itese isso       Idaho       Coalition       Against       Sexual &         Iabel or print or       Domestic       Violence,       Inc.         type       Doing Business As         See       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite         Specific       2.00       F       Mail 1 and Dr	82-0	
label or print or Domestic Violence, Inc.         type       Doing Business As         See       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite         Specific       2.00       F       Model 1.20         1.20       1.20       1.20		410900
type         Doing Business As           See         Number and street (or P.O. box if mail is not delivered to street address)           Specific         2.0.0           Figure 1.1         2.0		410000
See Number and street (or P.O. box if mail is not delivered to street address) Room/suit		410099
	(208	) 384-0419
tions City or town, state or country, and ZIP + 4	G Gross receipts \$	1,946,28
Boise, ID 83706	H(a) is this a group re	
F Name and address of principal officer:	for affiliates?	
		list (see instructions)
	ir of formation:	State of legal domicile:
	o the public	07
	e che public	
	re than 25% of its asset	
	5	
	6	
otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
et unrelated business taxable income from Form 990 T, line 34	7b	
	Prior Year	Current Year
ontributions and grants (Part VIII, line 1h)	1,766,943.	1,946,28
ogram service revenue (Part VIII, line 2g)	8,041.	
	1,774,984.	1,946,28
	472 227	659.67
	4/3,33/.	_059,07
		· · · ·
	1 241 852	1,322,78
		1,982,45
		<36,17
		End of Year
otal assets (Part X line 16)	174,260.	250,65
otal liabilities (Part X, line 26)	4,187.	116,75
	170,073.	<u>133,90</u>
Signature Block		
	F Name and address of principal officer:         Impt status       X 501(c) (3)       4 (insert no)       4947(a)(1) or       527         Impt status       X 501(c) (3)       4 (insert no)       4947(a)(1) or       527         Impt status       X 501(c) (3)       4 (insert no)       4947(a)(1) or       527         Impt status       X 501(c) (3)       4 (insert no)       4947(a)(1) or       527         Impt status       X Corporation       Trust       Association       Other       L Yea         Summary       Intervention       Intervention       L Yea       Educat       10 (Intervention)       L Yea         Summary       Int the organization discontinued its operations or disposed of mourber of voting members of the governing body (Part VI, line 1a)       Intervention       Intervention	F Name and address of principal officer:       for affiliates?         npt status       \$ 501(c) (3)        (insert no)       4947(a)(1) or       527         npt status       \$ 501(c) (3)        (insert no)       4947(a)(1) or       527         mpt status       \$ 501(c) (3)        (insert no)       4947(a)(1) or       527         mpt status       \$ Corporation       Trust       Association       Other        L Year of formation:         Summary       merify describe the organization's mission or most significant activities.       To educate the public       i         iolence       prevention.       .       .       .       .         heck this box       if the organization discontinued its operations or disposed of more than 25% of its assets       .       .       .         umber of independent voting members of the governing body (Part VI, line 1a)

			tion Against	Sexual &			
	990 (2008)	<u>Domestic Vi</u> f Program Service A	<u>olence, Inc.</u>		82-04:	10899	Page <b>2</b>
1	Briefly describe the org	panization's mission education, as nd organizati	sistance, and	l support to	o individuals, sexual assualt	t and	
2	the prior Form 990 or 9	idertake any significant pi 190-EZ? 9 new services on Schedi		e year which were not	listed on	Yes	X No
3	Did the organization ce	ease conducting, or make e changes on Schedule O	significant changes in ho	w it conducts, any pro	ogram services?	Yes	X No
4	Describe the exempt p Section 501(c)(3) and 5	urpose achievements for	each of the organization's d section 4947(a)(1) trusts	s are required to repor	t the amount of grants and		
4a	domestic via	and participa	xual assualt	ings furthe: issues and	)(Revenue \$ r educates the prevention the r programs.		
4b	(Code·	) (Expenses \$	ıncluding g	grants of \$	) (Revenue \$		)
4c	(Code:	) (Expenses \$	ıncluding g	grants of \$	) (Revenue \$		)
4d	Other program services	s. (Describe in Schedule (	).)				
<u>4e</u>	(Expenses \$ Total program service	including g		) (Revenue \$ ust equal Part IX, Line	) 25, column (B).)	E 00	0 (2008)

	•	
Form	990	(2008)

### Idaho Coalition Against Sexual & Domestic Violence, Inc.

Pa	t IV Checklist of Required Schedules			<u> </u>
L			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes." complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization required to complete considered, considered contributors?	~		
3	public office? If "Yes," complete Schedule C, Part I	3		_x_
		4		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			<u> </u>
5		5		x
~	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	6		x
7	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
•	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	•		х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		x	
40	If "Yes," complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11	_ <b>A</b>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	10	х	
40	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<u> </u>	X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			x
45	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
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			x
40	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		v
44	located outside the United States? If "Yes," complete Schedule F, Part III	16		X X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23_		<u> </u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	•		v
	If "No", go to question 25	24a		X X
	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	••		v
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	a-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			v
	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	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, or substantial			v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

Form 990 (2008)

Idaho Coa	alition	Against	Sexual	&
Domestic	Violenc	ce, Inc.		

8	32-	04:	108	99	Page 4

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Form	990 (2008) Domestic Violence, Inc. 82-042	<u> 10899</u>	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
	·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	[		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Χ_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	?		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form 990 (2008)

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Form	. Idaho Coalition Against Sexual & <u>990 (2008) Domestic Violence, Inc. 82-041(</u>	<u>)899</u>	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 26	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X	<b> </b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	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?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
<b>F</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
-	Tax Shelter Transaction?	5c		l
6a	Did the organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b		x
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		x
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
-	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10a	1		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
ii a	Gross income from members or shareholders 11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
5	amounts due or received from them ) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u>-a</u>		

Form **990** (2008)

832005 12-18-08

### Idaho Coalition Against Sexual & Domestic Violence, Inc.

Part VI	Governance, Management, and Disclosure (Sections A, B, and C request information about policies not req
•	Internal Revenue Code )

Form 990 (2008)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 2			
b	Enter the number of voting members that are independent 1b	<u>ا</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		
	governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	<u> </u>		<u> </u>
Ŭ	by the following:			
9	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	<u></u> _	x
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u>-</u> 54	+	
U	and branches to ensure their operations are consistent with those of the organization?	9Ь	1	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	90		
10		10		x
11	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Sec	tion B. Policies		I	
000				No
100	Doot the ergenization have a written conflict of interact policy? If "No." as to line 12	100	Yes X	NO
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	<b>^</b>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1		v
	to conflicts?	<u>12b</u>		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	<u>15a</u>	X	<b> </b>
b	Other officers or key employees of the organization?	15b	X	<b></b>
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ĺ
	taxable entity during the year?	1 <u>6a</u>		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			İ
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	<u> </u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			

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

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

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
	<u>Sue A. Fellen - (208) 384-0419</u>

<u>300 E. Ma</u>	<u>llard Dr.</u>	<u>Ste 130</u>	<u>), Boise,</u>	ID	83706	
6						7

### Idaho Coalition Against Sexual &

Form 990 (2008)

Domestic Violence, Inc. 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. 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustee or director	1	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Board - list attached Board Member	1.00	x					:	0.	0.	0.	
Sue Fellen Executive Director	40.00			x				67,278.	0.	0.	
Cindy Cobb Finance Director	40.00			x				59,450.	0.	0.	
Kelly Miller-Pluckebaum Legal Director	40.00			x		_		104,815.	0.	0.	
Natalie Bodine Advocacy & Ed. Admin.	40.00				x			51,750.	0.	0.	
		-									
		-									

Idaho	Coa	alition	Aga	inst	Sexual	&
Domest	ic	Violena	ce,	Inc.		

Form 990 (		calition					00		aut d	82-041	0899	P	age
Part VII	Section A. Officers, Directors, T						ligh	est	Compensated Employ				
,	(A) Name and title	<b>(B)</b> Average hours		I	(C Posi c all t	C) tion			(D) Reportable compensation	(E) Reportable compensation	am	(F) timate	of
		per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fre orga and	other pensa om th anizat d relat anizati	atior ie tion ted
											_		
											-		
1b Tota									283,293.				
	I number of individuals (including the pensation from the organization	se in 1a) who re	Ceive	ed m	ore	thai	n \$1	00,0	00 in reportable		•		
											[	Yes	No
line 1	he organization list any <b>former</b> office I a? If "Yes," complete Schedule J foi any individual listed on line 1a, is the	r such individual		-	-						3_		x
and i 5 Did a	related organizations greater than \$1 any person listed on line 1a receive o	50,000? If "Yes, r accrue compe	," co nsati	mple Ion f	əte S	Sche	dule	ə J fo	or such individual	-	4		x
	organization? If "Yes," complete Sche 3. Independent Contractors	edule J for such	pers	on							5		X
1 Com	plete this table for your five highest o organization	compensated in	depe	ende	ent c	ontr	acto	ors th	nat received more than	\$100,000 of compe	nsation fi	rom	
	(A) Name and busines	ss address							(B) Description of s	ervices	(C Comper		n
		_											

from the organization 🕨

Form	• • • • •		Coalition Again tic Violence, In		. &	82-0/	10899 Page <b>9</b>
	rt VII		ue		1	02-04	
	•			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines to <b>Total</b> . Add lines 1a-1f	s, and e <b>1f 113, 309.</b>	1946286.			
		Total. Add lines faith	Business Code				<u>+</u>
Program Service Revenue	2a b c d f						
	g	Total. Add lines 2a-2f	<b>&gt;</b>				
	3 4 5 6 a b c	Less <sup>·</sup> rental expenses Rental income or (loss)	►				
		Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less' cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities (ii) Other				
Other Revenue	b	Gross income from fundraising including \$ contributions reported on line 1 Part IV, line 18 Less direct expenses	of 1c) See a b				
•		Net income or (loss) from fundr	-				
	b	Gross income from gaming act Part IV, line 19 Less. direct expenses Net income or (loss) from gamil	ab				
		Gross sales of inventory, less r and allowances					
		Less cost of goods sold	b				
	<u> </u>	Net income or (loss) from sales	Y		<u> </u>		
	- 11 a	Miscellaneous Revenue		1			
	b				<u> </u>		<u> </u>
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	►	1010000			
	12	Total Revenue. Add lines 1h, 2g, 3, 4,	, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1946286.	. I		1

Idaho	Coal	ition	Aga:	inst	Sexual	&
Domest	ic_V	<u>/iolen</u>	ce, 1	Inc.		

Form		tion Against	Sexual &	82-04	10899 Page <b>1</b> (
Pa	t IX Statement of Functional Expens Section 501(c)(3)	es and 501(c)(4) organiza	tions must complete al		
	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D). (D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16 Benefits paid to or for members		· · · ·		······································
4 5	Compensation of current officers, directors,		-		
5	trustees, and key employees	283,293.	156,565.	126,728.	
6	Compensation not included above, to disgualified		100,000		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	282,708.	282,708.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		···· - ·		
9	Other employee benefits	50,546.	39,229.	11,317.	
10	Payroll taxes	43,125.	33,469.	9,656.	
11	Fees for services (non-employees) <sup>,</sup>				
а	Management	<b>F</b> . 0.00	5 966		
b		5,066.	5,066.		
	Accounting	6,100.	6,100.		
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,415.	1,415.		
12 12	Advertising and promotion				
13	Office expenses	12,656.	6,328.	6,328.	
14	Information technology				
15	Royalties				
16	Occupancy	47,537.	23,769.	23,768.	
17	Travel	58,694.	58,694.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	239,409.	232,142.	7,267.	
20	Interest				
21	Payments to affiliates	15 700	7 054	7 054	
22	Depreciation, depletion, and amortization	<u> </u>	7,854. 5,923.	<u> </u>	
23 24	Other expenses. Itemize expenses not covered	1,570.	5,343.	<u></u> ,04/.	<u></u>
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Contracted grant exp.	664,890.	664,890.		
b	Printing & publications	185,275.	185,275.		
С	Postage	32,408.	29,167.	3,241.	
d	Telephone & internet	24,030.	18,024.	6,006.	
е	Community relations	7,447.	7,447.		
f	All other expenses	14,579.	14,579.		
25	Total functional expenses. Add lines 1 through 24f	1,982,456.	1,778,644.	203,812.	
26	Joint Costs. Check here				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	subsentional campaign and innuraising solicitation				

Form 990 (2008)

Idano Coa	alition	Agains	c Sexual	ÔC.	
Domestic	Violenc	e, Inc.	•		

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**a** .

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82-0410899 Page 11

	•		(A) Beginning of year		(I End c	<b>B)</b> of year	
	1	Cash - non-interest-bearing	85,137.	1	-	12,0	94.
	2	Savings and temporary cash investments	00/2011	2	<u>=</u> .	/	
	3	Pledges and grants receivable, net	53,723.	3	1/	07,1	00.
	4	Accounts receivable, net		4	<u> </u>	<u>, , , ,</u>	
	5	Receivables from current and former officers, directors, trustees, key					
	Ŭ	employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		<b>–</b> –	1		
	Ŭ	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L		6			
S	7	Notes and loans receivable, net		7	<u>+</u>		
Assets	8	Inventories for sale or use		8	1		-
As	9	Prepaid expenses and deferred charges	2,125.	9	1	2.1	46.
	10a	Land, buildings, and equipment cost basis 10a 117, 413.		<u> </u>		/_	
		Less: accumulated depreciation Complete					
	-	Part VI of Schedule D 10b 88,098.	33,275.	10c		29,3	115.
	11	Investments - publicly traded securities		11	<u> </u>		
	12	Investments - other securities. See Part IV, line 11		12	1		
	13	Investments - program related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	174,260.	16	2	50,6	55.
	17	Accounts payable and accrued expenses	4,187.	17		3,1	.49.
	18	Grants payable		18			
	19	Deferred revenue		19	1	13,6	;03.
	20	Tax-exempt bond liabilities		20			
es	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
iab		highest compensated employees, and disqualified persons Complete Part II					
_		of Schedule L		22	<u> </u>		
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable	· · ·	24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	4,187.	26	$\frac{1}{1}$	<u>16,7</u>	52.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete					
nces	-	lines 27 through 29, and lines 33 and 34.	100 000				
an	27	Unrestricted net assets	170,073.	27	<u>لم الم</u>	33,9	103.
Ba	28	Temporarily restricted net assets		28	<u> </u>		
pur	29	Permanently restricted net assets		29	<u> </u>		
Ę	i i	Organizations that do not follow SFAS 117, check here  and					
s	20	complete lines 30 through 34.		20			
Net Assets or Fund Bala	30	Capital stock or trust principal, or current funds		30			
tA≲	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		<u>31</u> 32			
Ne.	33	Total net assets or fund balances	170,073.	33	1 .	33,9	103
	34	Total liabilities and net assets/fund balances	174,260.	34		50,6	
Pa	rt XI		1/3/2000		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
						Yes	No
1	Acco	ounting method used to prepare the Form 990 🔲 Cash 🛛 🗶 Accrual 🗌	Other		[	1	
2a		the organization's financial statements compiled or reviewed by an independent	accountant?		2a		x
b		the organization's financial statements audited by an independent accountant?			2b	X	
с		es" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of the	e audit	t, 🗌		
	revie	w, or compilation of its financial statements and selection of an independent acco	untant?		2c	X	<u> </u>
3a	As a	result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in the Sing	le Auc	dıt		
	Act a	IND OMB Circular A-133?			<u>3a</u>	X	$\square$
b	lf "Y€	es," did the organization undergo the required audit or audits?			ЗЬ	X	

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Form 990 (	2008)	
	Balance	Sheet

Form	990	(2008)

SCHEDULE A Public Charity Status and Public Support							OMB No 1545-0047			
•	of the Treasury	To be co	mpleted by all section	501(c)(3) empt chari	organizati itable trus	ions and s its.	section 49	47(a)(1)		2008 Open to Public
	the organizat		oalition Aga		-	•			mplover	identification number
			c Violence,		DEAUG			-		2-0410899
Part I	Reason		ity Status (All organiz		st comple	te this par	t ) (see ins	tructions)		<u></u>
The organ	ization is not a	a private foundation	because it is (Please ch	neck only c	one organi	zation)				
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	)(b)(1)(A)(i	).		
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E )	)					
з Ц	A hospital or	a cooperative hospi	tal service organization	described	In section	170(b)(1)	<b>(A)(iii)</b> . (At	tach Sche	edule H.)	
4 🛄			operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospital's name,
5	city, and stat	· · · · · · · · · · · · · · · · · · ·	benefit of a college or u	niversity o	wned or o	perated by		mental un	it describ	
•	-	(b)(1)(A)(iv). (Comple				poratoa o,	, a gorom			
6	A federal, sta	ite, or local governm	ent or governmental uni	it describe	d in sectio	on 170(b)(	1)(A)(v).			
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	port from a	governme	ental unit o	or from the	e general	public described in
		b)(1)(A)(vi). (Comple	•							
			section 170(b)(1)(A)(vi).			_				
9 🛄	•		eives (1) more than 33		••				• ·	•
			nctions - subject to certa axable income (less sec						• •	-
		509(a)(2). (Complete	•			1311103303		iy the orga	anization	aner sune so, 1975
10			perated exclusively to te	st for publ	lic safety.	See <b>sect</b> io	on 509(a)(4	4). (see ins	structions	5)
11 🔲	An organizat	on organized and of	perated exclusively for the	he benefit	of, to perfe	orm the fu	nctions of,	, or to carr	y out the	purposes of one or
	more publicly	supported organization	ations described in secti	ion 509(a)(	1) or section	on 509(a)(	2) See <b>se</b> e	ction 509(	a)(3). Ch	eck the box that
			organization and compl	lete lines 1	1e through	h 11h.				_
	a 🔄 Type					ctionally in	•		d	Type III - Other
e			at the organization is not		-		-			
			han one or more public!		-				9(a)(1) or	section 509(a)(2)
f			ten determination from	the IRS that	atitisa Iy	/ре I, Туре	II, or Type	ə III		
a		rganization, check th	organization accepted a	ov aift or c	ontributio	from any	of the foll	owing oer	sons?	
g	-		irectly controls, either a			•		• •		Yes No
		-	upported organization?		,	porcone		() ۵۵ (	,	11g(i)
	(ii) A family	member of a persor	n described in (i) above?	p						11g(ii)
	(iii) A 35% (	controlled entity of a	person described in (i)	or (ii) abovi	e?					11g(iii)
h	Provide the f	ollowing information	about the organizations	the organ	nization su	pports				
			(iii) Type of	(in the c	oracoution	(v) Did yo		(4) 10	the	
	of supported Inization	(ii) EIN	organization		sted in your		tion in col.	organizatio	on in col. I	(vii) Amount of
urya	1112411011		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz	ed in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
										<u></u>
								1		
						ļ	<u>-</u>		╂-──┤	
									┼──┤	
		-		1	t			<b> </b>		
Total										

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

Schedule A (Form 990 or 990-EZ) 2008

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# . Idaho Coalition Against Sexual & Schedule A (Form 990 or 990-EZ) 2008 Domestic Violence. Inc.

82-0410899 Page 2

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	(FOULL BAD OL BAD EX 2006 DOMESCIC VIOLENCE, INC.	02-0410033
Part II	Support Schedule for Organizations Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
,	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)	

Sec	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")	552,098.	558,564.	1099420.	1793288.	2006512.	6009882.			
2	Tax revenues levied for the organ-									
-	ization's benefit and either paid to									
	or expended on its behalf									
2	The value of services or facilities									
3										
	furnished by a governmental unit to									
	the organization without charge	550 000	550 564	1000400	100000	0006510	<u> </u>			
4	Total. Add lines 1 - 3	552,098.	558,564.	1099420.	1793288.	2006512.	6009882.			
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						6009882.			
Sec	tion B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
	Amounts from line 4	552,098.	558,564.	1099420.	1793288.	2006512.	6009882.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
v	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	•									
	assets (Explain in Part IV.)						6009882.			
	Total support. Add lines 7 through 10	L	<b>\</b>		L	l				
	Gross receipts from related activities,	•	•				121.			
13	First five years. If the Form 990 is for		s first, second, thir	d, tourth, or titth ta	ax year as a section	n 501(c)(3)				
Sor	organization, check this box and stor ction C. Computation of Publ		rcontago				₽  ]			
							100 00 %			
	Public support percentage for 2008 (		•	column (f))			100.00 %			
	Public support percentage from 2007	•	•				100.00 %			
16a	33 1/3% support test - 2008. If the c	•		•	14 is 33 1/3% or m	iore, check this bo				
	stop here. The organization qualifies		•				► X			
b	b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation						
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	his box and <b>stop h</b>	ere. Explain in Par	t IV how the organ	ization			
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization		-		• • • •		s			

Schedule A (Form 990 or 990-EZ) 2008

## Idaho Coalition Against Sexual &

#### Schedule C (Form 990 or 990 EZ) 2008 Domestic Violence, Inc. Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 •

(election under section 501(h)). See the instructions for Schedule C for details.

		(;	a)	(b	)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X	·	
d	Mailings to members, legislators, or the public?		<u> </u>		
е	Publications, or published or broadcast statements?		<u>X</u>		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X		
i	Other activities? If "Yes," describe in Part IV		X		
j	Total lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				· ·
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A To be completed by all organizations exempt under section 501(c)(4),		501(-)(F)		
rai	<b>501(C)(6).</b> See the instructions for Schedule C for details.	section	501(0)(5)	, or sect	ion
	See the instructions for Schedule C for details.			Yes	No
	More substantially all (000/, or mere) dues received readed within by members?			163	
1 2	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
-	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B To be completed by all organizations exempt under section 501(c)(4),	section		or sect	
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR				
	answered "Yes." See Schedule C instructions for details	in i ai c in	, quoo		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politi	cal			
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
	t IV Supplemental Information		1	······	
Com	blete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, an	d Part II-B.	line 11 Also	, complete	this part
	additional information.			•	•

0.0		alition A			cual &		0	2 04	10000	Dama <b>2</b>
	dule D (Form 990) 2008         Domestic           t III         Organizations Maintaining Co	Violence			ASULAS	or Othe				) Page 2
3	Using the organization's accession and other n									
Ũ	that apply).		y or and to	loning in	at are a eign		0.100000			
а	Public exhibition		a	oan or exc	change prog	rams				
b	Scholarly research			ther						
c	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	in how the	v further f	the organiza	tion's exer	mot ouroos	e in Par	t XIV.	
5	During the year, did the organization solicit or r							<b>- -</b>		
•	to be sold to raise funds rather than to be main								Yes	
Pa	t IV Trust, Escrow and Custodial A					vered "Yes	s" to Form 9	990. Par		
	reported an amount on Form 990, Part 3			<b>g</b>				·	,	
ta	Is the organization an agent, trustee, custodiar	or other interme	diary for c	ontributio	ns or other a	ssets not	included			
	on Form 990, Part X?								Yes	
b	If "Yes," explain the arrangement in Part XIV ar	d complete the fo	ollowing ta	ble						
	· · · ·	•	·						Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	n 990, Part X, line	€21?						Yes	No No
b	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete if o	rganization answ	ered "Yes	" to Form	990, Part IV,	line 10				
		a) Current year	(b) Pr	or year	(c) Two yea	ars back	(d) Three yea	ars back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
с	Investment earnings or losses									
d	Grants or scholarships								-	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year e	nd balance held a	as.		·					
а	Board designated or quasi-endowment		%							
ь	Permanent endowment	%								
с	Term endowment  %									
3a	Are there endowment funds not in the possess	ion of the organiz	ation that	are held a	and administ	ered for th	ne organiza	tion		
	by:	-					-			Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(II), are the related organizations li	sted as required o	on Schedi	le R?					3b	
4 Describe in Part XIV the intended uses of the organization's endowment funds										
Pa	t VI Investments - Land, Buildings	, and Equipm	ent. See	Form 990	), Part X, line	10.				
	Description of investment	(a) Cost or c	other	(b) Cost	t or other	(c) D	epreciation		(d) Book	value
		basıs (ınvestr	ment)	basis	(other)					
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			1	7,413.		88,09	8.	29	,315.
<u> </u>	Other									
Tota	. Add lines 1a-1e (Column (d) should equal Form	n 990, Part X, colu	umn (B), lii	ne 10(c).)					29	,315.

Schedule D (Form 990) 2008

	. Idaho Coalition Against Se	xual {	È.					
Sche	dule D (Form 990) 2008 Domestic Violence, Inc.		~			82-	0410899	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Financi	al Stat	emen				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,946	,286.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			1,982	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		_		,170.:
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net). Add lines 4-8			9				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10				<u>,170.</u> :
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With	n Rever	nue p	er R	eturr		
1	Total revenue, gains, and other support per audited financial statements					1	2,032	<u>,655.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	8	<u>6,3</u> 6	59.			
С	Recoveries of prior year grants	_2c						
d	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d					2e	86	<u>,369.</u>
3	Subtract line 2e from line 1					3	1,946	<u>, 286 .</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1						
	• • • •	4a		_				
	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b					<u>4c</u>	1 0 1 5	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			_		5	1,946	<u>, 286 .</u>
	t XIII Reconciliation of Expenses per Audited Financial Statem		in Expe	nses	per			
1	Total expenses and losses per audited financial statements					1	2,068	,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	•					
а	Donated services and use of facilities	<u>2a</u>	8	<u>6,3</u> 6	<u>. 9</u>			
b	Prior year adjustments	2b						
c	Losses reported on Form 990, Part IX, line 25	<u>2c</u>						
d	Other (Describe in Part XIV)	2d					96	260
_	Add lines 2a through 2d					2e	1,982	<u>,369.</u>
3	Subtract line 2e from line 1					3	1,982	,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		·····	·· - ·			
	Other (Describe in Part XIV)	4b						
-	Add lines 4a and 4b					4c	1 000	,456.
5 Pai	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) <b>t XIV</b> Supplemental Information					5	1,982	,430.
L	plete this part to provide the descriptions required for Part II. lines 3, 5, and 9; Part I	II. lines 1a :	and 4: Pa	rt IV. hr	nes 1	b and 3	2b: Part V. line	4. Part

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

• (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990

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



Idaho Coalition Against Sexual &Employer identification numberDomestic Violence, Inc.82-0410899

Form 990, Part VI, Line 12c: Monitoring of compliance with the

Organization's conflict of interest policy is ongoing and is facilitated by

the fact that there are relatively few employees.

Form 990, Part VI, Line 15: Salaries are periodically reviewed and approved

by the Organization's Board of Directors.

#### 2008 DEPRECIATION AND AMORTIZATION REPORT

Form 9	Form 990 Page 10 990														
Asset No	Description	Date Acquired	Method	Lıfe	C L on v	_ine No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Machinery & Equipment Office equipment (schedule maintained) * 990 Page 10 Total Machinery & Equipment * Grand Total 990 Page 10 Depr	Various	SL	5.00	нул	.6	117,413. 117,413. 117,413.				117,413. 117,413. 117,413.			15,708. 15,708. 15,708.	88,098. 88,098.

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### IDAHO COALITION AGAINST SEXUAL & DOMESTIC VIOLENCE **BOARD OF DIRECTORS** December 23, 2008

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Sarah Leeds Family Services Alliance of SE Idah 355 S. Arthur Avenue	0	Vice President Executive Committee
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<b>Denise Himes</b> Canyon County Prosecuting Attorne 1115 Albany St.	y's Office	Treasurer Executive Committee
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<b>Fleda Wright</b> City Life, Inc. 1648 N. Washington		Secretary Executive Committee
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Josephine Thyberg Bingham Crisis Center 34 Louella St.		
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<b>Meegan Littlefield</b> Family Crisis Center 218 Dividen Dr., Ste. 5 P.O. Box 422		
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### IDAHO COALITION AGAINST SEXUAL & DOMESTIC VIOLENCE **BOARD OF DIRECTORS** December 23, 2008

### Sarah Hallock-Jayne

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### **Yolanda Matos**

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