

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES OVERCOMING VIOLENT ENCOUNTER	D Employer identification number 38-2243550
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite 906 E. LUDINGTON AVENUE	E Telephone number 231-843-2541
	City or town, state or country, and ZIP + 4 LUDINGTON, MI 49431	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.CALLCOVE.COM**

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

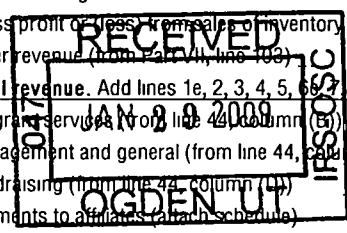
I Group Exemption Number **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **497,511.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	33,878.	
	c Indirect public support (not included on line 1a)	1c	75,504.	
	d Government contributions (grants) (not included on line 1a)	1d	347,542.	
	e Total (add lines 1a through 1d) (cash \$ 456,924. noncash \$ _____)	1e	456,924.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	1,358.	
	5 Dividends and interest from securities	5		
Expenses	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7 Other investment income (describe _____)	7		
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8a		
		8b		
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	31,016.
b Less: direct expenses other than fundraising expenses		9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c	31,016.	
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 10c)	11	8,213.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	497,511.		
13 Program services (from line 44, column (B))	13	446,325.		
	14 Management and general (from line 44, column (C))	14	45,042.	
	15 Fundraising (from line 44, column (D))	15	5,481.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	496,848.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	663.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	52,717.		
	20 Other changes in net assets or fund balances (attach explanation)	20	44,974.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	98,354.	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	21,823.	14,622.	7,201.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	249,966.	231,213.	18,753.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	17,867.	16,357.	1,510.	
29 Payroll taxes	34,934.	31,790.	3,144.	
30 Professional fundraising fees				
31 Accounting fees	7,590.	6,907.	683.	
32 Legal fees				
33 Supplies	35,613.	27,420.	2,712.	5,481.
34 Telephone	10,070.	9,164.	906.	
35 Postage and shipping				
36 Occupancy	27,304.	24,845.	2,459.	
37 Equipment rental and maintenance	7,810.	7,113.	697.	
38 Printing and publications				
39 Travel	14,530.	13,222.	1,308.	
40 Conferences, conventions, and meetings	5,338.	4,858.	480.	
41 Interest	18,012.	16,391.	1,621.	
42 Depreciation, depletion, etc. (attach schedule)	12,262.	10,826.	1,436.	
43 Other expenses not covered above (itemize):				
a ADVERTISING	253.		253.	
b CONTRACTED SERVICES	22,492.	22,492.		
c DUES AND SUBSCRIPTIONS	1,314.	1,196.	118.	
d OFFICE EXPENSE	5,406.	4,769.	637.	
e OTHER	724.		724.	
f PROFESSIONAL				
g LIABILITY INSURANCE	3,540.	3,140.	400.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	496,848.	446,325.	45,042.	5,481.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a DOMESTIC VIOLENCE PROGRAM - TO PROVIDE COUNSELING, EDUCATION AND SUPPORT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT OR HOMELESSNESS. THE ORGANIZATION ALSO RECEIVED \$9,211 IN DONATED LEGAL SERVICES DURING THE YEAR. APPROXIMATELY 377 SERVED

(Grants and allocations \$) If this amount includes foreign grants, check here

446,325.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 446,325.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	95,775.	45	57,573.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable			
		b Less: allowance for doubtful accounts		47c	
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts		48c	
	49	Grants receivable	93,335.	49	97,792.
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,855.	53	204.
	54 a	Investments - publicly-traded securities		54a	
		b Investments - other securities		54b	
55 a	Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	366,374.			
	b Less: accumulated depreciation	147,517.	57c	218,857.	
58	Other assets, including program-related investments (describe ► SEE STATEMENT 4)	3,437.	58	4,331.	
59	Total assets (must equal line 74) Add lines 45 through 58	404,229.	59	378,757.	
Liabilities	60	Accounts payable and accrued expenses	38,908.	60	21,674.
	61	Grants payable		61	
	62	Deferred revenue	43,080.	62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable STMT 5	269,524.	64b	255,949.
	65	Other liabilities (describe ► DEPOSITS HELD FOR OTHERS)	0.	65	2,780.
66	Total liabilities. Add lines 60 through 65	351,512.	66	280,403.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	31,330.	67	65,188.
	68	Temporarily restricted	18,950.	68	28,835.
	69	Permanently restricted	2,437.	69	4,331.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	52,717.	73	98,354.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	404,229.	74	378,757.	

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	9,211.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	
90 a List the states with which a copy of this return is filed NONE		
b Number of employees employed in the pay period that includes March 12, 2007	90b	13
91 a The books are in care of THE ORGANIZATION Telephone no. 231-843-2541 Located at 906 E. LUDINGTON AVENUE, LUDINGTON, MI ZIP + 4 49431		
b 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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,358.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	31,016.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER MISCELLANEOUS					
b INCOME					8,213.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		32,374.	8,213.
105 Total (add line 104, columns (B), (D), and (E))					40,587.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
 ▼

103A REIMBURSED EXPENSES AND REFUNDS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. **Yes** **No**

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. **Yes** **No**

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? **Yes** **No**

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

Please Sign Here
 Signature of officer: Marie Waite MSW Date: 1/22/09
 Type or print name and title: Marie Waite MSW Executive Director

Paid Preparer's Use Only
 Preparer's signature: BRENDA K. JACOBS Date: 01/17/09 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: BRICKLEY DELONG, PC
PO BOX 999
MUSKEGON, MI 49443-0999 EIN: _____
 Phone no.: 231-726-5800

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

COMMUNITIES OVERCOMING VIOLENT ENCOUNTER

Employer identification number

38 2243550

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ 0		

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
a	Did the organization have a section 403(b) annuity plan for its employees?		X
b	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
c	Enter the total number of donor advised funds owned at the end of the tax year		N/A
d	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
e	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
f	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	462,821.	448,190.	265,791.	449,303.	1,626,105.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0.	1,990.	66,762.	44,781.	113,533.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,706.	157.	185.	253.	3,301.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	8,956.		SEE STATEMENT 8		8,956.
23 Total of lines 15 through 22	474,483.	450,337.	332,738.	494,337.	1,751,895.
24 Line 23 minus line 17	474,483.	448,347.	265,976.	449,556.	1,638,362.
25 Enter 1% of line 23	4,745.	4,503.	3,327.	4,943.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 32,767.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,638,362.
d Add: Amounts from column (e) for lines: 18 3,301. 19 _____ 22 8,956. 26b _____					26d 12,257.
e Public support (line 26c minus line 26d total)					26e 1,626,105.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.2519%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
JAMESPORT SPRING FUNDRAISER	5,145.		5,145.		5,145.
HOUSE PARTIES FUNDRAISER	10,996.		10,996.		10,996.
ART FAIR	958.		958.		958.
SPA FUNDRAISER	956.		956.		956.
BEER TASTING	2,811.		2,811.		2,811.
GUS MACKER	1,500.		1,500.		1,500.
MISCELLANEOUS FUNDRAISERS	8,650.		8,650.		8,650.
TO FM 990, PART I, LINE 9	31,016.		31,016.		31,016.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
RESTATED PRIOR YR NET ASSETS FOR SFAS 117 TEMPORARY RESTRICTIONS.		43,080.	
UNREALIZED GAIN ON BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS		1,894.	
TOTAL TO FORM 990, PART I, LINE 20		44,974.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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EXPLANATION

TO PROVIDE COUNSELING, EDUCATION, AND SAFE SHELTER ASSISTANCE FOR VICTIMS OF DOMESTIC VIOLENCE SEXUAL ASSAULT OR HOMELESSNESS.

FORM 990	OTHER ASSETS	STATEMENT	4
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
OTHER ASSETS	1,000.		
BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	2,437.	4,331.	
TOTAL TO FORM 990, PART IV, LINE 58	3,437.	4,331.	

FORM 990	MORTGAGES PAYABLE	STATEMENT	5
DESCRIPTION		BALANCE DUE	
WESTSHORE BANK		255,949.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		255,949.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIE WAITE 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	EXECUTIVE DIRECTOR 40.00	17,852.	3,971.	0.
KRISTIN BANTLE 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	PRESIDENT 1.00	0.	0.	0.
NORMA GILBERT 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
DAVID GIBBS 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	TREASURER 1.00	0.	0.	0.
MATT JASTRZEMBSKI 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.

COMMUNITIES OVERCOMING VIOLENT ENCOUNTER

38-2243550

BETTY LIGON 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
SHAREEN MCBRIDE-WICKLUND 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	SECRETARY 1.00	0.	0.	0.
ROBERT SHRAUGER 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
SYLVIA SHRAUGER 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
SUSAN BRADFORD TRIPP 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	VICE PRESIDENT 1.00	0.	0.	0.
LINDA HAAN 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
KRISTIE STRUMBIE 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
CONNIE GILLETTE 906 E. LUDINGTON AVE. LUDINGTON, MI 49461	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		17,852.	3,971.	0.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 7

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
ROBERT SHRAUGER	DIRECTOR

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
SYLVIA SHRAUGER	DIRECTOR

EXPLANATION OF RELATIONSHIP
SPOUSES

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
DAVID GIBBS	TREASURER

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
KRISTIN BANTLE	PRESIDENT

EXPLANATION OF RELATIONSHIP
FATHER-IN-LAW/DAUGHTER-IN-LAW

SCHEDULE A	OTHER INCOME			STATEMENT 8
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	8,956.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	8,956.	0.	0.	0.

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDING AND IMPROVEMENTS											
3	BUILDING	6/01/89	47,129.00	0.00	0.00	29,455.85	1,570.97	31,026.82	16,102.18	S/L	30.0
4	BUILDING IMPROVEMENTS	12/01/89	2,327.00	0.00	0.00	2,327.00	0.00	2,327.00	0.00	S/L	15.0
5	ASPHALT	12/01/89	1,920.00	0.00	0.00	1,920.00	0.00	1,920.00	0.00	S/L	15.0
6	FURNACE	4/01/90	10,933.00	0.00	0.00	10,933.00	0.00	10,933.00	0.00	S/L	15.0
7	BUILDING IMPROVEMENTS	4/01/90	3,421.00	0.00	0.00	3,421.00	0.00	3,421.00	0.00	S/L	15.0
8	BUILDING IMPROVEMENTS	3/01/91	638.00	0.00	0.00	638.00	0.00	638.00	0.00	S/L	15.0
10	HOT WATER/PIPING	9/01/98	1,762.00	0.00	0.00	1,065.35	117.47	1,182.82	579.18	S/L	15.0
11	WOOD DECK	7/29/98	2,196.00	0.00	0.00	1,353.00	146.40	1,499.40	696.60	S/L	15.0
12	ROOF	7/29/98	8,050.00	0.00	0.00	4,965.35	536.67	5,502.02	2,547.98	S/L	15.0
14	OFFICE BUILDING AND HOUSE	9/29/00	175,974.00	0.00	0.00	39,570.40	5,586.48	45,156.88	130,817.12	S/L	31.5
15	SEWER LINE - SHELTER	8/15/00	1,750.00	0.00	0.00	837.35	116.67	954.02	795.98	S/L	15.0
16	KITCHEN CABINETS/COUNTER	8/08/00	4,554.00	0.00	0.00	2,177.00	303.60	2,480.60	2,073.40	S/L	15.0
17	BUILDING IMPROVEMENT - SHE	8/31/01	2,718.00	0.00	0.00	1,117.00	181.20	1,298.20	1,419.80	S/L	15.0
18	HEATING COOLING SYSTEM	6/22/04	5,500.00	0.00	0.00	1,222.23	366.67	1,588.90	3,911.10	S/L	15.0
56	FURNACE - HEIL	12/14/06	2,500.00	0.00	0.00	138.89	166.67	305.56	2,194.44	S/L	15.0
57	AIR CONDITIONER - HEIL	12/14/06	2,700.00	0.00	0.00	150.00	180.00	330.00	2,370.00	S/L	15.0
61	Shelter Bathroom remodel	1/17/08	6,820.00	0.00c	0.00	0.00	454.67	454.67	6,365.33	S/L	10.0
62	Shelter Flooring/Install	9/29/08	5,516.35	0.00c	0.00	0.00	0.00	0.00	5,516.35	S/L	10.0
			286,408.35	0.00c	0.00	101,291.42	9,727.47	111,018.89	175,389.46		
BUILDING AND IMPROVEMENTS											

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE & EQUIPMENT											
19	EQUIPMENT	7/01/88	2,674.00	0.00	0.00	2,674.00	0.00	2,674.00	0.00	S/L	5.0
21	FURNITURE	4/01/89	388.00	0.00	0.00	388.00	0.00	388.00	0.00	S/L	10.0
23	SNOWBLOWER	1/01/93	1,075.00	0.00	0.00	1,075.00	0.00	1,075.00	0.00	S/L	5.0
24	CHAIRS	2/01/93	482.00	0.00	0.00	482.00	0.00	482.00	0.00	S/L	5.0
25	CARPET	9/01/95	1,603.00	0.00	0.00	1,603.00	0.00	1,603.00	0.00	S/L	10.0
29	OFFICE	6/30/96	375.00	0.00	0.00	375.00	0.00	375.00	0.00	S/L	5.0
32	COMPUTER	9/01/97	8,281.00	0.00	0.00	8,281.00	0.00	8,281.00	0.00	S/L	5.0
34	SHELTER PHONE SYSTEM	7/31/99	3,142.00	0.00	0.00	3,142.00	0.00	3,142.00	0.00	S/L	5.0
35	FILE CABINET	9/23/00	359.00	0.00	0.00	359.00	0.00	359.00	0.00	S/L	5.0
37	PHONE SYSTEM - NEW BUILDII	4/07/98	3,525.00	0.00	0.00	3,525.00	0.00	3,525.00	0.00	S/L	7.0
38	BUNK BEDS	10/14/99	1,196.00	0.00	0.00	1,196.00	0.00	1,196.00	0.00	S/L	7.0
39	GUEST ARM CHAIR	10/08/00	538.00	0.00	0.00	538.00	0.00	538.00	0.00	S/L	7.0
40	LATERAL FILE CABINET	10/08/00	415.00	0.00	0.00	415.00	0.00	415.00	0.00	S/L	7.0
41	VERTICAL FILE CABINET	10/08/00	1,110.00	0.00	0.00	1,110.00	0.00	1,110.00	0.00	S/L	7.0
42	EXECUTIVE HIGH BACK	10/08/00	425.00	0.00	0.00	425.00	0.00	425.00	0.00	S/L	7.0
43	OAK DESK	10/08/00	931.00	0.00	0.00	931.00	0.00	931.00	0.00	S/L	7.0
44	COFFEE TABLE	10/08/00	50.00	0.00	0.00	50.00	0.00	50.00	0.00	S/L	7.0
45	CONFERENCE TABLE	10/08/00	567.00	0.00	0.00	567.00	0.00	567.00	0.00	S/L	7.0
46	STEEL DESKS	10/01/00	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	7.0
47	STEEL DESK/HUTCH	10/08/00	1,240.00	0.00	0.00	1,240.00	0.00	1,240.00	0.00	S/L	7.0
48	OFFICE CHAIRS	10/08/00	2,600.00	0.00	0.00	2,600.00	0.00	2,600.00	0.00	S/L	7.0
49	OUTREACH COMPUTER	8/23/04	810.00	0.00	0.00	513.00	162.00	675.00	135.00	S/L	5.0
51	Gateway computer & printer	3/31/05	783.98	0.00	0.00	392.00	156.80	548.80	235.18	S/L	5.0
52	(unknown)OCEANA OUTREACH	8/27/04	1,000.00	0.00	0.00	633.33	200.00	833.33	166.67	S/L	5.0
53	SECURITY SYSTEM	8/13/07	1,573.00	0.00	0.00	52.43	314.60	367.03	1,205.97	S/L	5.0
54	INTEL E4300 COMPUTER	4/26/07	839.00	0.00	0.00	69.92	167.80	237.72	601.28	S/L	5.0

Book Asset Detail 10/01/07 - 9/30/08

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE & EQUIPMENT (continued)											
55	INTEL E6600 COMPUTER	4/26/07	1,239.00	0.00	0.00	103.25	247.80	351.05	887.95	S/L	5.0
58	INTEL D945 COMPUTER #1927	10/01/06	1,069.00	0.00	0.00	213.80	213.80	427.60	641.40	S/L	5.0
59	INTEL D945 COMPUTER #1928	10/01/06	1,069.00	0.00	0.00	213.80	213.80	427.60	641.40	S/L	5.0
60	INTEL D945 COMPUTER #1929	10/01/06	1,069.00	0.00	0.00	213.80	213.80	427.60	641.40	S/L	5.0
63	Voicemail system	1/07/08	1,362.50	0.00c	0.00	0.00	204.38	204.38	1,158.12	S/L	5.0
64	Filing Cabinets - VOCA	6/30/08	5,379.96	0.00c	0.00	0.00	134.50	134.50	5,245.46	S/L	10.0
65	Intel Computer/Printer	6/30/08	1,344.00	0.00c	0.00	0.00	112.00	112.00	1,232.00	S/L	3.0
66	Acer computer	2/01/08	868.13	0.00c	0.00	0.00	192.92	192.92	675.21	S/L	3.0
FURNITURE & EQUIPMENT			50,582.57	0.00c	0.00	34,581.33	2,534.20	37,115.53	13,467.04		
*Less: Dispositions			617.00	0.00	0.00	617.00	0.00	617.00	0.00		
Net FURNITURE & EQUIPMENT			49,965.57	0.00c	0.00	33,964.33	2,534.20	36,498.53	13,467.04		
Group: LAND											
1	LAND	6/01/89	5,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	Land	0.0
2	LAND	9/29/00	25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00	Land	0.0
LAND			30,000.00	0.00c	0.00	0.00	0.00	0.00	30,000.00		
Grand Total			366,990.92	0.00c	0.00	135,872.75	12,261.67	148,134.42	218,856.50		
Less: Dispositions			617.00	0.00	0.00	617.00	0.00	617.00	0.00		
Net Grand Total			366,373.92	0.00c	0.00	135,255.75	12,261.67	147,517.42	218,856.50		