

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ated
- ☐ Amended  
return
- ☐ Applica-  
tion  
pending

Please  
use IRS  
label or  
print or  
typeSee  
Specific  
Instruc-  
tions**C** Name of organization**STAND! AGAINST DOMESTIC VIOLENCE**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**1410 DANZIG PLAZA, 2ND FLOOR**

Room/suite

City or town, state or country, and ZIP + 4

**CONCORD, CA 94520****F** Name and address of principal officer: **GLORIA SANDOVAL**  
**SAME AS C ABOVE****D** Employer identification number**94-2476576****E** Telephone number**(925) 676-2845****G** Gross receipts \$**3,308,628.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.STANDAGAINSTDV.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1977****M** State of legal domicile **CA****Part I Summary**

1 Briefly describe the organization's mission or most significant activities: <b>STAND! LEADS THE COMMUNITY IN ENDING DOMESTIC VIOLENCE AND REBUILDING LIVES.</b>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>7</b>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>7</b>
5 Total number of employees (Part V, line 2a)	<b>5</b> <b>60</b>
6 Total number of volunteers (estimate if necessary)	<b>6</b> <b>169</b>
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
7b Net unrelated business taxable income from Form 990-T, line 41	<b>7b</b> <b>0.</b>
8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,851,333.</b> <b>Current Year</b> <b>2,954,024.</b>
9 Program service revenue (Part VIII, line 2g)	<b>246,905.</b> <b>183,651.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,457.</b> <b>4,856.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>114,156.</b> <b>104,541.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,216,851.</b> <b>3,247,072.</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>135,411.</b> <b>103,769.</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,158,650.</b> <b>2,283,079.</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>341,256.</b>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>853,320.</b> <b>860,145.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,147,381.</b> <b>3,246,993.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>69,470.</b> <b>79.</b>
20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>4,011,359.</b> <b>End of Year</b> <b>4,018,030.</b>
21 Total liabilities (Part X, line 26)	<b>1,430,531.</b> <b>1,428,959.</b>
22 Net assets or fund balances. Subtract line 21 from line 20	<b>2,580,828.</b> <b>2,589,071.</b>

**Part II Signature Block**

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

Sign  
Here

Signature of officer

Date **11-15-10****GLORIA SANDOVAL, EXECUTIVE DIRECTOR**

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signatureFirm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4**BOWMAN & COMPANY, LLP****10100 TRINITY PARKWAY, SUITE 310****STOCKTON, CA 95219**

Date

**11/1/10**Check if  
self-  
employed☐Preparer's identifying number  
(see instructions)

EIN ▶

Phone no ▶ **(209) 473-1040**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ NoG16  
22

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission:  
**TO PROVIDE 24-HOUR ASSISTANCE TO BATTERED WOMEN IN THE FORM OF HOUSING, COUNSELING, LEGAL ASSISTANCE, AND EMPLOYMENT PLACEMENT ASSISTANCE AND TO REDUCE DOMESTIC VIOLENCE THROUGH COMMUNITY OUTREACH AND COUNSELING.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ 1,332,521. including grants of \$ ) (Revenue \$ 754. )  
**INTERVENTION SERVICES- STAND! PROVIDES SHELTER FOR BATTERED WOMEN AND THEIR CHILDREN WHILE THEY ATTEMPT TO REBUILD THEIR LIVES. THE BATTERED WOMEN AND THEIR CHILDREN CAN STAY UP TO 12 WEEKS IN THE EMERGENCY SHELTER FACILITY AND UP TO TWO YEARS IN THE TEMPORARY HOUSING FACILITY. A 24/7 CRISIS LINE IS OPERATED BY STAFF AND VOLUNTEERS TO PROVIDE IMMEDIATE CRISIS COUNSELING TO DOMESTIC VIOLENCE VICTIMS. THERE ARE FOLLOW UP SESSIONS OF INDIVIDUAL AND GROUP COUNSELING PROVIDED. PEER ADVOCACY AND JOB PLACEMENT SERVICES ARE ALSO PROVIDED. LEGAL ASSISTANCE IS ALSO PROVIDED TO CLIENTS THAT MAY REQUIRE TEMPORARY AND PERMANENT RESTRAINING ORDERS, AND SEPARATION OR DIVORCE ADVICE.**
- 4b (Code: ) (Expenses \$ 396,043. including grants of \$ ) (Revenue \$ 180,411. )  
**TREATMENT SERVICES- STAND! PROVIDES INDIVIDUAL AND GROUP CLINICAL COUNSELING SERVICES FOR VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN, ALONG WITH A BATTERER'S INTERVENTION PROGRAM.**
- 4c (Code: ) (Expenses \$ 767,804. including grants of \$ ) (Revenue \$ 2,486. )  
**PREVENTION SERVICES- STAND! PROVIDES EDUCATION AND TRAINING TO SCHOOLS, WORKPLACE, FAITH-BASED ORGANIZATIONS, AND OTHER COMMUNITY BASED GROUPS ALONG WITH PREVENTION PROGRAMS FOR MEN AND BOYS.**
- 4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses ► \$ 2,496,368.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O.

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	10	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	60	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA**

**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.  
☒ Own website    ☐ Another's website    ☒ 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: **KEN CARTER - 925-676-2845**  
**1410 DANZIG PLAZA, SUITE 210, CONCORD, CA 94520**

Form 990 (2009)



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								198,756.	0.	34,894.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2171827.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	782,197.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
<b>h Total.</b> Add lines 1a-1f			2954024.				
Program Service Revenue	<b>2 a</b> FEES FOR SERVICES	Business Code	624100	183,261.	183,261.		
	<b>b</b> LAUNDRY REVENUE		812300	390.	390.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			183,651.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,856.			4,856.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	<b>a</b>			165249.			
	<b>b</b> Less: direct expenses			61,556.			
	<b>c</b> Net income or (loss) from fundraising events			103,693.			103,693.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>a</b>						
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>a</b>							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> MISCELLANEOUS			900099	848.			848.
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d				848.			
<b>12 Total revenue.</b> See instructions				3247072.	183,651.	0.	109,397.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	103,769.	103,769.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,958,221.	1,546,611.	182,849.	228,761.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,985.	13,731.	1,708.	546.
9 Other employee benefits	132,428.	110,642.	12,545.	9,241.
10 Payroll taxes	176,445.	137,782.	17,420.	21,243.
11 Fees for services (non-employees):				
a Management				
b Legal	11,992.		11,992.	
c Accounting	33,750.		33,750.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	32,632.	8,087.	24,123.	422.
12 Advertising and promotion	3,681.	2,096.	1,585.	
13 Office expenses	65,332.	24,328.	7,980.	33,024.
14 Information technology				
15 Royalties				
16 Occupancy	236,433.	187,935.	27,069.	21,429.
17 Travel	31,714.	31,329.	297.	88.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,492.	23,492.		
20 Interest	22,495.	22,495.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	166,598.	137,484.	21,844.	7,270.
23 Insurance	41,911.		41,911.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EMERGENCY ASSISTANCE	57,428.	57,428.		
b REPAIRS AND MAINTENANCE	31,842.	27,031.	4,235.	576.
c DUES, FEES AND SUBSCRIP	16,952.	8,398.	7,380.	1,174.
d FUNDRAISING	5,481.			5,481.
e CONTRACT PERSONNEL	4,500.	4,500.		
f All other expenses	73,912.	49,230.	12,681.	12,001.
25 Total functional expenses. Add lines 1 through 24f	3,246,993.	2,496,368.	409,369.	341,256.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	435,729.	1	476,792.
	2 Savings and temporary cash investments	53,514.	2	153,335.
	3 Pledges and grants receivable, net	458,425.	3	454,513.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,702.	9	60,480.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,143,411.		
	b Less: accumulated depreciation	10b 2,425,633.	10c 2,867,001.	2,717,778.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	136,900.	12	149,294.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,088.	15	5,838.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,011,359.	16	4,018,030.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	301,364.	17	333,701.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,061,029.	23	1,054,758.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	68,138.	25	40,500.
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,430,531.	26	1,428,959.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,456,657.	27	2,464,900.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	124,171.	29	124,171.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	2,580,828.	33	2,589,071.
	34 <b>Total liabilities and net assets/fund balances</b>	4,011,359.	34	4,018,030.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

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

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

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

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

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

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

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,292,737.	2,656,555.	2,748,690.	2,851,333.	2,954,024.	14,503,339.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,292,737.	2,656,555.	2,748,690.	2,851,333.	2,954,024.	14,503,339.
<b>5</b> 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)						819,193.
<b>6 Public support.</b> Subtract line 5 from line 4						13,684,146.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	3,292,737.	2,656,555.	2,748,690.	2,851,333.	2,954,024.	14,503,339.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,235.	6,601.	5,419.	4,457.	4,856.	28,568.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,565.		2,695.	2,356.	848.	13,464.
<b>11 Total support.</b> Add lines 7 through 10						14,545,371.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,270,986.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.08	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	94.10	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

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

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

STAND! AGAINST DOMESTIC VIOLENCE

Employer identification number

94-2476576

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$



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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	124,171.	124,171.			
b Contributions					
c Net investment earnings, gains, and losses	4,231.	6,032.			
d Grants or scholarships					
e Other expenditures for facilities and programs	4,231.	6,032.			
f Administrative expenses					
g End of year balance	124,171.	124,171.			

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

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

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	858,458.			858,458.
b Buildings	3,588,878.		1,794,083.	1,794,795.
c Leasehold improvements	18,818.		12,599.	6,219.
d Equipment	210,055.		196,057.	13,998.
e Other	467,202.		422,894.	44,308.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				2,717,778.

Schedule D (Form 990) 2009

**Stand! Against Domestic Violence**  
**Schedule of Accumulated Depreciation**  
**Fiscal Year Ended June 30, 2010**  
**FEIN:94-2476576**

				FIXED ASSETS				ACCUMULATED DEPRECIATION				Net Book Value 6/30/2010
Date Acquired	Useful Life(Mths)	Depr'n Begin	Cost Basis Balance 6/30/2009	Purchases	Dispositions	Adjustments	Cost Basis Balance 6/30/2010	Accumulated Dep 6/30/2009	Depreciation Expense 09/10	Deletions	Accumulated Dep 6/30/2010	
<b>LAND</b>				858,458.00			858,458.00					858,458.00
<b>BUILDINGS</b>												
08/31/84	360	Sep-97	2,052,520.19				2,052,520.19	794,401.18	68,417.34		862,818.52	1,189,701.67
08/31/89	360		769,659.60				769,659.60	487,450.68	25,655.32		513,106.00	256,553.60
06/30/92	360		17,527.00				17,527.00	9,932.42	584.23		10,516.65	7,010.35
09/30/96	360	Jan-97	339,869.00				339,869.00	141,612.04	11,328.97		152,941.01	186,927.99
<b>Total Buildings</b>				3,179,575.79	0.00	0.00	3,179,575.79	1,433,396.32	105,985.86	0.00	1,539,382.18	1,640,193.61
<b>BUILDING IMPROVEMENTS</b>												
12/31/96	120	Jan-97	20,535.00				20,535.00	20,535.00	0.00		20,535.00	-
05/19/99	120	Jun-99	7,622.00				7,622.00	7,622.00	0.00		7,622.00	-
08/31/95	120		3,950.00				3,950.00	3,950.00	0.00		3,950.00	-
WIP	120	Aug-00	60,357.57				60,357.57	54,321.83	6,035.74		60,357.57	0.00
06/01/00	120	Jul-00	2,613.64				2,613.64	2,613.64	(0.01)		2,613.64	0.00
Ken Wiltsie - RMC Remodel	120	Jan-01	7,150.00				7,150.00	6,434.76	715.00		7,149.76	0.24
TH Renovation	360		28,299.59				28,299.59	16,036.44	943.32		16,979.76	11,319.83
Transitional Housing	180		540.00				540.00	540.00	0.00		540.00	-
TH Computer Lab	360		19,560.00				19,560.00	10,105.60	652.00		10,757.60	8,802.40
05/31/94	120		1,730.00				1,730.00	1,730.00	0.00		1,730.00	-
TH Flooring	120		1,125.80				1,125.80	1,125.80	0.00		1,125.80	-
Rock - TH	120		15,989.62				15,989.62	15,989.62	0.00		15,989.62	-
02/28/96	120		1,000.00				1,000.00	1,000.00	0.00		1,000.00	-
06/30/96	120		1,825.00				1,825.00	1,155.83	182.50		1,338.33	-
(2) Heaters/MLC	120	Mar-03	2,910.08				2,910.08	1,818.80	291.01		2,109.81	800.27
03/31/03	120	Apr-03	1,200.00				1,200.00	750.00	120.00		870.00	330.00
(2) Heaters/MLC	120	Apr-03	3,900.00				3,900.00	2,275.00	390.00		2,665.00	1,235.00
MLC Sheds/trellis/gate	120		3,700.00				3,700.00	2,127.50	370.00		2,497.50	1,202.50
MLC Window/gate/doors/shingles	120		1,017.00				1,017.00	525.45	101.70		627.15	389.85
04/20/04	120		902.39				902.39	466.23	90.24		556.47	345.92
Water Heater RMC Laundry Rm	120	Jul-97	11,788.43				11,788.43	11,788.43	0.00		11,788.43	0.00
Playground Equipment MLC	120	Apr-03	2,500.00				2,500.00	1,562.50	250.00		1,812.50	687.50
Furnace	120	Apr-03	2,750.00				2,750.00	1,718.75	275.00		1,993.75	756.25
05/09/03	120	Jul-96	937.50				937.50	937.50	0.00		937.50	-
11/30/95	120	Jan-98	3,832.00				3,832.00	3,832.00	0.00		3,832.00	-
12/01/97	120	Dec-99	2,683.00				2,683.00	2,683.00	0.00		2,683.00	-
Road Runner - Danzig Renovation	120	Dec-99	5,624.00				5,624.00	5,624.00	0.00		5,624.00	-
Financa / HR Office Renovation	120	Sep-98	779.40				779.40	461.15	77.94		539.09	240.31
Fire Door for HR Office	120		10,945.00				10,945.00	5,381.29	1,094.50		6,475.79	4,469.21
Jacks Remodelling	120	Aug-04	5,600.00				5,600.00	2,753.33	560.00		3,313.33	2,286.67
Commercial Grade Carpet	120	Aug-04	1,675.00				1,675.00	823.54	167.50		991.04	683.96
Venture Construction - Wall installation	120	Aug-04	10,500.00				10,500.00	4,987.50	1,050.00		6,037.50	4,462.50
Connolly Heating & Air Conditioning	120	Oct-04	900.00				900.00	435.00	90.00		525.00	375.00
Connolly Heating & Air Conditioning-Hot Water Heater	120	Sep-04	7,425.60				7,425.60	2,970.24	742.56		3,712.80	3,712.80
RMC -REPAIR WATER DAMAGE -KITCHEN -RMC	120	Jan-05	994.89				994.89	397.96	99.49		497.45	497.45
New Water Heater	120	Jan-05	534.11				534.11	213.64	53.41		267.06	267.06
Blower Motor for Furnance	120	Jan-05	1,001.77				1,001.77	400.71	100.18		500.89	500.89
New Water Heater	120	Jan-05	7,425.60				7,425.60	2,970.24	742.56		3,712.80	3,712.80
Kitchen repair (RMC)	120	Mar-05	14,000.00				14,000.00	5,133.33	1,400.00		6,533.33	7,466.67
MLC Day Care Playground	120	Mar-05	943.00				943.00	345.77	94.30		440.07	502.93
Awning for DANZIG Frontdoor	120	Mar-05	1,284.07				1,284.07	470.83	128.41		599.23	684.84
hot water heater	120	Apr-05	681.55				681.55	238.54	68.16		306.70	374.85
Blower Motor A/C Unit	120	Apr-05										

**Standl Against Domestic Violence**  
**Schedule of Accumulated Depreciation**  
**Fiscal Year Ended June 30, 2010**  
**FEIN:94-2476576**

Date Acquired	Useful Life(Mths)	Dep'n Begin	Balance 6/30/2009	Purchases	Dispositions	Adjustments	Balance 6/30/2010	Dep 6/30/2009	Depreciation Expense	Deletions	Dep 6/30/2010	Book Value 6/30/2010
LSDA Panic Alarm RMC	04/11/05	120	Apr-05	966 16			966 16	338 16	96 62		434 77	531 39
New Carpet at RMC - Tenant	05/11/05	120	May-05	1,386 00			1,386 00	462 00	138 60		600 60	785 40
Hot Water Heater RMC	10/01/05	120	Oct-05	1,284 07			1,284 07	481 52	128 41		609 93	674 14
Hot Water Heater MLC	10/10/05	120	Oct-05	1,284 07			1,284 07	481 52	128 41		609 93	674 14
Carpet for New Tenant - DANZIG	11/11/05	120	Nov-05	3,725 00			3,725 00	1,365 82	372 50		1,738 32	1,986 68
Combination Lock for Gate - RMC	12/14/05	120	Dec-05	798 42			798 42	286 08	79 84		365 92	432 50
Water heater for RMC	04/05/06	120	Apr-06	1,477 23			1,477 23	480 10	147 72		627 82	849 41
Combination Lock for Gate - RMC	03/07/06	120	Mar-06	648 42			648 42	216 13	64 84		280 97	367 45
Front Gate Combination Lock	05/24/06	120	May-06	673 31			673 31	213 21	67 33		280 54	392 77
Air conditioning unit - RMC	06/29/06	120	Jul-06	1,882 93			1,882 93	564 88	188 29		753 17	1,129 76
Remodel Kitchen at RMC	09/12/06	120	Oct-06	58,833 00			58,833 00	13,237 43	4,412 48		17,649 90	41,183 10
Remodel Suite 102 at Danzig for new tenant RP	06/26/08	120	Jul-08	6,028 42			6,028 42	0 00	0 00		6,028 42	0 00
New Playground at RMC	02/01/09	60	Mar-09	49,582 65			49,582 65	3,305 51	3,305 51		6,611 02	42,971 63
<b>Total Building Improvements</b>			<b>409,302 29</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>409,302 29</b>	<b>228,685 10</b>	<b>26,016 05</b>	<b>0 00</b>	<b>254,701 15</b>	<b>154,601 14</b>
<b>LEASEHOLD IMPROVEMENTS</b>												
WCO - Reimburse to S. Turner	02/06/04	180		683 82			683 82	246 94	45 59		292 52	391 30
Carpet-Antioch (Sle 7)	11/12/99	180	Dec-99	1,546 50			1,546 50	103 10	103 10		1,091 06	455 44
WCO - Chgd to Platinum Plus	02/02/04	180		450 37			450 37	162 63	30 02		192 66	257 71
WCO - Reimburse to S. Davis	02/04/04	180		2,405 49			2,405 49	868 65	160 37		1,029 02	1,376 47
Laser Telecommunications (compd Feb)	11/13/04	180		4,667 10			4,667 10	1,659 41	311 14		1,970 55	2,696 55
AT&T	08/31/94	180	Sep-94	6,291 15			6,291 15	6,256 12	35 03		6,291 15	0 00
Corporate Graphics	11/30/95	180	Dec-95	1,053 52			1,053 52	990 20	63 31		1,053 52	0 00
All Pro Electric - Electrical work at Thrift Shop	07/28/04	180	Aug-04	1,720 00			1,720 00	563 78	114 67		678 44	1,041 56
<b>Total Leasehold Improvements</b>			<b>18,817 95</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>18,817 95</b>	<b>11,735 69</b>	<b>883 23</b>	<b>0 00</b>	<b>12,598 92</b>	<b>6,219 03</b>
<b>Furniture and Fixtures</b>												
File Cabinet	04/30/83	60		133 02			133 02	133 02	0 00		133 02	-
File Cabinet	05/30/83	60		309 87			309 87	309 87	0 00		309 87	-
Alarm System	11/30/83	60		1,641 60			1,641 60	541 60	0 00		1,641 60	-
Alarm	12/31/83	60		307 80			307 80	307 80	0 00		307 80	-
Typewriter & Table	03/31/83	60		44 00			44 00	44 00	0 00		44 00	-
Three Typewriters	12/31/84	60		653 25			653 25	653 25	0 00		653 25	-
Typewriters	09/30/84	60		241 96			241 96	241 96	0 00		241 96	-
Typewriter	12/31/85	60		257 84			257 84	257 84	0 00		257 84	-
Answering Machine	04/30/86	60		80 89			80 89	80 89	0 00		80 89	-
Filing Cabinets	07/31/85	60		35 10			35 10	35 10	0 00		35 10	-
Two Typewriters	11/30/86	60		1,777 70			1,777 70	1,777 70	0 00		1,777 70	-
Typewriter	03/31/87	60		447 30			447 30	447 30	0 00		447 30	-
Mini Blinds	03/31/87	60		63 00			63 00	63 00	0 00		63 00	-
Bunk Beds	02/28/87	60		514 88			514 88	514 88	0 00		514 88	-
Freezer	07/31/87	60		414 39			414 39	414 39	0 00		414 39	-
??	07/31/87	60		159 75			159 75	159 75	0 00		159 75	-
Vacuum	10/31/87	60		149 09			149 09	149 09	0 00		149 09	-
Telephones	10/31/87	60		1,051 60			1,051 60	1,051 60	0 00		1,051 60	-
Alarm System	10/31/87	60		1,623 25			1,623 25	1,623 25	0 00		1,623 25	-
Furniture	11/30/87	60		381 27			381 27	381 27	0 00		381 27	-
Mini Blinds	11/30/87	60		316 31			316 31	316 31	0 00		316 31	-
Audit additions	07/31/88	60		1,312 25			1,312 25	1,312 25	0 00		1,312 25	-
??	09/30/88	60		427 04			427 04	427 04	0 00		427 04	-
Telephone -ATT	09/30/88	60		398 73			398 73	398 73	0 00		398 73	-
A/C Pump	05/31/89	60		250 00			250 00	250 00	0 00		250 00	-
Vacuum	06/30/89	60		150 22			150 22	150 22	0 00		150 22	-
Washer/ Dryer	06/30/89	60		1,018 85			1,018 85	1,018 85	0 00		1,018 85	-
Range / Oven	07/31/89	60		636 04			636 04	636 04	0 00		636 04	-
Air Conditioner - Upgrade	06/30/90	60		1,922 47			1,922 47	1,922 47	0 00		1,922 47	-

**Standl Against Domestic Violence**  
**Schedule of Accumulated Depreciation**  
**Fiscal Year Ended June 30, 2010**  
**FEIN:94-2476576**

Date Acquired	Useful Life(Mths)	Dep'n Begin	Balance 6/30/2009	Purchases	Dispositions	Adjustments	Balance 6/30/2010	Dep 6/30/2009	Depreciation Expense	Deletions	Dep 6/30/2010	Book Value 6/30/2010
Mini Blinds	60	09/30/90	2,767 15				2,767 15	2,767 15	0 00		2,767 15	-
Electrical Work	60	12/31/90	708 01				708 01	708 01	0 00		708 01	-
Tables & Chairs	60	12/31/90	1,621 08				1,621 08	1,621 08	0 00		1,621 08	-
Stove - Shelter	60	04/30/94	730 59				730 59	730 59	0 00		730 59	-
Programming Men	60	04/30/94	900 00				900 00	900 00	0 00		900 00	-
Telephone Sys	60	05/31/94	1,358 67				1,358 67	1,358 67	0 00		1,358 67	-
Programming - Men	60	06/30/94	2,242 50				2,242 50	2,242 50	0 00		2,242 50	-
Bunk Beds - Shelter	60	04/30/95	4,656 92				4,656 92	4,656 92	0 00		4,656 92	-
Refrigerator	60	06/30/95	787 74				787 74	787 74	0 00		787 74	-
Dryer - Shelter	60	09/30/95	532 97				532 97	532 97	0 00		532 97	-
Phone System Addition SS	60	11/20/95	1,002 16				1,002 16	1,002 16	0 00		1,002 16	-
Air Conditioner - TH	60	06/30/96	1,665 00				1,665 00	1,665 00	0 00		1,665 00	-
Richmond Phone Addition - Legal	60	07/31/96	470 56				470 56	470 56	0 00		470 56	-
AT&T Phone Equipment	60	10/31/96	1,140 00				1,140 00	1,140 00	0 00		1,140 00	-
Phone System - Danzig	60	11/30/96	35,853 32				35,853 32	35,853 32	0 00		35,853 32	-
Appliances - RMC	60	12/31/96	13,651 57				13,651 57	13,651 57	0 00		13,651 57	-
Furniture - RMC	60	12/31/96	10,739 80				10,739 80	10,739 80	0 00		10,739 80	-
Play Structure - RMC	60	12/31/96	5,173 00				5,173 00	5,173 00	0 00		5,173 00	-
RMC - Phone System	60	02/28/97	45,985 20				45,985 20	45,985 20	0 00		45,985 20	-
Richmond Phone Addition - SS	60	07/31/96	470 55				470 55	470 55	0 00		470 55	-
Blinds - RMC	60	01/31/97	5,187 93				5,187 93	5,187 93	0 00		5,187 93	-
Cabinets - MLC - CCC	60	05/31/97	1,000 00				1,000 00	1,000 00	0 00		1,000 00	-
Phone Equipment	60	03/01/98	22,121 93				22,121 93	22,121 93	0 00		22,121 93	-
Refrigerators for MLC & Danzig	60	06/23/99	1,287 47				1,287 47	1,287 47	0 00		1,287 47	-
Dish Washers (2)	60	04/04/00	1,262 52				1,262 52	1,262 52	0 00		1,262 52	-
Pyrochem Fire System-Flame Drive	60	07/20/99	1,700 00				1,700 00	1,700 00	0 00		1,700 00	-
Refrigerator	60	09/29/99	480 16				480 16	480 16	0 00		480 16	-
Portable Air Conditioner	60	07/11/99	1,406 00				1,406 00	1,406 00	0 00		1,406 00	-
Three Roof Top Airconditioning Units - Danzig	60	07/05/00	10,488 00				10,488 00	10,488 00	0 00		10,488 00	-
Sears Dryer	36	12/03/03	504 63				504 63	504 63	(42 12)		462 51	42 12
Auto-2004 Chrysler Van for RMC	60	05/21/09	9,800 00				9,800 00	272 22	272 22		544 44	9,255 56
Air Cond Unit at Danzig	60	01/13/09	5,640 00				5,640 00	470 00	470 00		940 00	4,700 00
			<b>210,054 90</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>210,054 90</b>	<b>195,357 13</b>	<b>700 10</b>	<b>0 00</b>	<b>195,057 23</b>	<b>13,997 67</b>

(COMPUTERS, PRINTERS, SOFTWARE, SERVERS, NETWORKS, COPIERS, ELECTRONIC EQUIPMENT)

VCR	60	08/31/85	125 15				125 15	125 15	0 00		125 15	-
VCR	60	10/31/86	468 00				468 00	468 00	0 00		468 00	-
VCR	60	11/30/87	171 99				171 99	171 99	0 00		171 99	-
VCR - Shelter	60	11/30/85	306 72				306 72	306 72	0 00		306 72	-
Video Equipment	60	09/30/86	1,451 40				1,451 40	1,451 40	0 00		1,451 40	-
TV & Video Equip	60	10/31/86	317 37				317 37	317 37	0 00		317 37	-
Video Equip	60	11/30/86	377 50				377 50	377 50	0 00		377 50	-
Copier	60	09/30/89	7,508 25				7,508 25	7,508 25	0 00		7,508 25	-
Copier	60	09/30/90	1,791 08				1,791 08	1,791 08	0 00		1,791 08	-
Donor Software	60	02/28/90	12,221 30				12,221 30	12,221 30	0 00		12,221 30	-
Laser Printer	60	08/31/92	699 76				699 76	699 76	0 00		699 76	-
Network	60	03/31/93	2,015 50				2,015 50	2,015 50	0 00		2,015 50	-
Accounting Software	60	06/30/93	3,575 00				3,575 00	3,575 00	0 00		3,575 00	-
Software - Fundraising	60	06/30/94	562 88				562 88	562 88	0 00		562 88	-
MIP Accounting Software	60	07/31/94	892 50				892 50	892 50	0 00		892 50	-
Laser Printer - Richmond	60	08/31/95	529 34				529 34	529 34	0 00		529 34	-
Copiers - Danzig	60	12/31/96	10,186 33				10,186 33	10,186 33	0 00		10,186 33	-
Computer - Legal	60	09/30/96	1,155 03				1,155 03	1,155 03	0 00		1,155 03	-
Razor's Edge Upgrade	60	06/30/96	2,005 00				2,005 00	2,005 00	0 00		2,005 00	-
Development Computer System	60	08/31/96	6,864 06				6,864 06	6,864 06	0 00		6,864 06	-

**Stand! Against Domestic Violence**  
**Schedule of Accumulated Depreciation**  
**Fiscal Year Ended June 30, 2010**  
**FEIN:94-2476576**

	Date Acquired	Useful Life(Mths)	Depr'n Begin	Balance 6/30/2009	Purchases	Dispositions	Adjustments	Balance 6/30/2010	Dep 6/30/2009	Depreciation Expense	Deletions	Dep 6/30/2010	Book Value 6/30/2010
HP Printer - DVTP	07/31/96	60	Aug-96	561.30				561.30	561.30	0.00	0.00	561.30	-
Computer & Printer	07/31/96	60	Aug-96	983.98				983.98	983.98	0.00	0.00	983.98	-
Computer System	08/01/97	60	Aug-97	1,519.78				1,519.78	1,519.78	0.00	0.00	1,519.78	-
HP Printer	08/01/97	60	Aug-97	422.18				422.18	422.18	0.00	0.00	422.18	-
Computer Equipment for Acctg Office	10/01/97	60	Oct-97	2,208.30				2,208.30	2,208.30	0.00	0.00	2,208.30	-
Server for Danzig	10/01/97	60	Oct-97	1,240.55				1,240.55	1,240.55	0.00	0.00	1,240.55	-
Computer Systems	03/01/98	60	Mar-98	3,765.35				3,765.35	3,765.35	0.00	0.00	3,765.35	-
Desk top Copiers	04/01/98	60	May-98	1,461.35				1,461.35	1,461.35	0.00	0.00	1,461.35	-
Dell Computers - Network Server	05/01/98	60	May-98	5,760.64				5,760.64	5,760.64	0.00	0.00	5,760.64	-
Computers for DVT Aspen	06/01/98	60	Jul-98	4,990.00				4,990.00	4,990.00	0.00	0.00	4,990.00	-
Copier	02/28/97	60		1,485.68				1,485.68	1,485.68	0.00	0.00	1,485.68	-
Lucent Tech - Richmond Office Phone System	10/16/98	60	Nov-98	5,080.76				5,080.76	5,080.76	0.00	0.00	5,080.76	-
HP LaserJet Printer Development	07/28/98	60	Aug-98	1,461.33				1,461.33	1,461.33	0.00	0.00	1,461.33	-
Quarkxpress	07/04/98	60	Aug-98	826.45				826.45	826.45	0.00	0.00	826.45	-
Computer for DVTP	07/04/98	60	Aug-98	227.65				227.65	227.65	0.00	0.00	227.65	-
Phone System - East County Office	01/29/99	60	Feb-99	5,966.61				5,966.61	5,966.61	0.00	0.00	5,966.61	-
Minolta Copier for Richmond Office	11/06/98	60	Dec-98	3,452.55				3,452.55	3,452.55	0.00	0.00	3,452.55	-
Video Camera for CATS	09/08/98	60	Oct-98	755.53				755.53	755.53	0.00	0.00	755.53	-
HP LaserJet printer	01/19/99	60	Feb-99	757.74				757.74	757.74	0.00	0.00	757.74	-
HP LaserJet Printer	01/19/99	60	Feb-99	865.99				865.99	865.99	0.00	0.00	865.99	-
P-12 Personal Laser Printer for DVTP	10/31/98	60	Nov-98	644.01				644.01	644.01	0.00	0.00	644.01	-
Proxima LCD Projector	10/07/99	60	Nov-99	2,730.00				2,730.00	2,730.00	0.00	0.00	2,730.00	-
Computers Bare Bones K6-2 (4)	12/10/99	60	Jan-00	700.00				700.00	700.00	0.00	0.00	700.00	-
Computers Bare Bones (5)	09/10/99	60	Oct-99	1,607.33				1,607.33	1,607.33	0.00	0.00	1,607.33	-
Computers Bare Bones (2)Hard drives (5)	03/30/00	60	Apr-00	1,891.16				1,891.16	1,891.16	0.00	0.00	1,891.16	-
Computers Bare Bones (2)	03/30/00	60	Apr-00	961.33				961.33	961.33	0.00	0.00	961.33	-
Computers Bare Bones (4)	06/02/00	60	Jul-00	2,538.03				2,538.03	2,538.03	0.00	0.00	2,538.03	-
Printers (2)	03/24/00	60	Apr-00	1,000.58				1,000.58	1,000.58	0.00	0.00	1,000.58	-
Laptop Computer	02/22/00	60	Mar-00	1,731.99				1,731.99	1,731.99	0.00	0.00	1,731.99	-
Scanner, Printer, Computer Upgrade	11/30/99	60	Dec-99	1,748.12				1,748.12	1,748.12	0.00	0.00	1,748.12	-
Celeron 333mhz System	09/01/99	60	Oct-99	541.25				541.25	541.25	0.00	0.00	541.25	-
Lucent Tech - Danzig Phone System	05/24/00	60	Jun-00	28,861.70				28,861.70	28,861.70	0.00	0.00	28,861.70	-
Minolta Copier	08/15/00	60	Sep-00	581.00				581.00	581.00	0.00	0.00	581.00	-
Minolta Copier	06/29/01	60	Jul-01	701.99				701.99	701.99	0.00	0.00	701.99	-
Lucent Tech Phone System for Support Serv	10/18/00	60	Nov-00	15,790.78				15,790.78	15,790.78	0.00	0.00	15,790.78	-
Mac Computer System - Prevention	05/11/01	60	Jun-01	4,062.93				4,062.93	4,062.93	0.00	0.00	4,062.93	-
Toshiba Laptop computer	09/25/02	60	Oct-02	1,145.49				1,145.49	1,145.49	0.00	0.00	1,145.49	-
Color Laser Printers 2)	09/23/02	60	Oct-02	2,164.94				2,164.94	2,164.94	0.00	0.00	2,164.94	-
MIP Bank Rec Module	12/17/02	60	Jan-03	913.66				913.66	913.66	0.00	0.00	913.66	-
MIP Payroll Module	10/31/02	60	Nov-02	4,723.88				4,723.88	4,723.88	0.00	0.00	4,723.88	-
Server Port Switch	04/09/03	60	May-03	1,053.28				1,053.28	1,053.28	0.00	0.00	1,053.28	-
Laptop Computer	06/28/03	60	Jul-03	1,461.33				1,461.33	1,461.33	0.00	0.00	1,461.33	-
McAfee Antivirus Software	07/01/03	60		4,178.89				4,178.89	4,178.89	0.00	0.00	4,178.89	-
Minolta QMS PagePro 9100	10/14/03	60		924.99				924.99	924.99	0.00	0.00	924.99	-
Hp Laserjet 2300N	10/23/03	60		860.01				860.01	860.01	0.00	0.00	860.01	-
4 Dell Dimension 2400 Computers	10/29/03	60		2,333.87				2,333.87	2,333.87	0.00	0.00	2,333.87	-
Software/Licenses (from techsoup)	12/17/03	60		2,043.11				2,043.11	2,043.11	0.00	0.00	2,043.11	-
Dell PowerEdge 400SC (Server)	12/18/03	60		1,357.49				1,357.49	1,357.49	0.00	0.00	1,357.49	-
Microsoft Software/Licenses	01/23/04	60		2,552.49				2,552.49	2,552.49	0.00	0.00	2,552.49	-
7 Telephones - West Co	02/03/04	60		1,427.99				1,427.99	1,427.99	0.00	0.00	1,427.99	-
Vocemall for West Co (LazerTele )	03/18/04	60		1,216.00				1,216.00	1,216.00	0.00	0.00	1,216.00	-
Laptop from Fry's (inv 3186)	03/19/04	60		865.99				865.99	865.99	0.00	0.00	865.99	-
Laptop from Fry's (inv 3190)	03/19/04	60		865.99				865.99	865.99	0.00	0.00	865.99	-
Laptop - HP 7010 - from Fry's	05/04/04	60		1,515.49				1,515.49	1,515.49	0.01	0.01	1,515.49	-
Software Upgrades	07/01/04	60	Jul-04	813.75				813.75	813.75	0.00	0.00	813.75	-
Toshiba S226, Win XP, Ser #S 74372058K	08/19/04	60	Sep-04	1,488.42				1,488.42	1,438.81	49.61	0.00	1,488.42	-
Infocus DLP Projector	10/08/04	60	Oct-04	2,930.05				2,930.05	2,881.22	48.83	0.00	2,930.05	-

**Standl Against Domestic Violence**  
**Schedule of Accumulated Depreciation**  
**Fiscal Year Ended June 30, 2010**  
**FEIN:94-2476576**

	Date Acquired	Useful Life(Mths)	Dep'n Begin	Balance 6/30/2009	Purchases	Dispositions	Adjustments	Balance 6/30/2010	Dep 6/30/2009	Depreciation Expense	Deletions	Dep 6/30/2010	Book Value 6/30/2010
Toshiba S329 Centrimo 16	12/30/04	60	Jan-05	1,298.99				1,298.99	942.14	259.80		1,201.94	97.05
MIP software upgrade	02/01/05	60	Feb-05	1,995.35				1,995.35	1,445.28	399.07		1,644.35	151.00
Client Track NET Software, Licenses	05/15/05	60	Jun-05	21,568.00				21,568.00	13,659.73	4,313.60		17,973.33	3,594.67
Crystal Reports Developer Software	05/20/05	60	Jun-05	595.00				595.00	376.83	119.00		495.83	- 99.17
Air Conditioner unit for MIS Room	07/29/05	60	Aug-05	649.49				649.49	508.71	129.90		638.61	10.88
(10) Optiplex GC620 Computers	09/16/05	60	Oct-06	11933.4				11,933.40	8,950.05	2,386.68		11,336.73	596.67
MCI Telephone System	12/27/05	60	Jan-06	6428.56				6,428.56	4,499.98	1,285.71		5,785.69	642.87
Video Camera	01/31/06	60	Feb-06	898.96				898.96	614.28	179.79		794.07	104.89
(5) Intel Pentium 4 Proc 521 Computers	03/29/06	60	Apr-06	2740.83				2,740.83	1,781.54	548.17		2,329.70	411.13
New Computers for Danzig	08/02/06	60	Sep-06	10118.42	0.00			10,118.42	5,059.21	1,686.40		6,745.61	3,372.81
Donor Software-Blackbaud/Razor's edge	07/01/06	60	Aug-06	1850	0.00			1,850.00	1,017.50	339.17		1,356.67	493.33
New Computer Projector	08/31/07	60	Sep-07	1582.02				1,582.02	580.07	316.40		896.48	685.54
New server for MIP	07/01/09	60	Jul-09		1,268.44			1,268.44	253.69	253.69		1,014.75	1,014.75
Computer equipment for CHAT	09/30/09	60	Oct-09		5,465.62			5,465.62	910.94	910.94		4,554.68	4,554.68
New automated / offsite Back up server	11/25/09	60	Dec-09		7,548.22			7,548.22	880.63	880.63		6,667.59	6,667.59
Computers for DVAP	04/30/10	60	May-10		1,506.04			1,506.04	50.20	50.20		1,455.84	1,455.84
Workstation for Teen dating grant	04/30/10	60	May-10		660.45			660.45	22.02	22.02		638.44	638.44
Virus protection for the Agency	04/30/10	60	May-10		926.25			926.25	30.88	30.88		895.38	895.38
<b>TOTAL COMPUTERS</b>				<b>261,606.21</b>	<b>17,375.02</b>	<b>0.00</b>	<b>0.00</b>	<b>278,981.23</b>	<b>239,284.05</b>	<b>14,210.46</b>	<b>0.00</b>	<b>253,494.52</b>	<b>25,486.71</b>
<b>DATABASE PROJECT</b>													
Centralized Data Base	06/29/01	120	Jul-01	188,220.97	0.00	0.00		188,220.97	150,576.79	18,822.10		169,398.89	18,822.08
<b>TOTAL DATABASE PROJECT</b>				<b>188,220.97</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>188,220.97</b>	<b>150,576.79</b>	<b>18,822.10</b>	<b>0.00</b>	<b>169,398.89</b>	<b>18,822.08</b>
<b>TOTAL</b>				<b>5,126,036.11</b>	<b>17,375.02</b>	<b>0.00</b>	<b>0.00</b>	<b>5,143,411.13</b>	<b>2,259,035.09</b>	<b>166,597.80</b>	<b>0.00</b>	<b>2,425,632.88</b>	<b>2,717,778.24</b>

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO OTHER AGENCIES	40,500.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	40,500.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,247,072.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,246,993.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	79.
4	Net unrealized gains (losses) on investments	4	8,164.
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 through 8	9	8,164.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	8,243.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,570,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	8,163.
b	Donated services and use of facilities	2b	253,891.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	61,556.
e	Add lines 2a through 2d	2e	323,610.
3	Subtract line 2e from line 1	3	3,247,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,247,072.

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

1	Total expenses and losses per audited financial statements	1	3,562,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	253,891.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	61,556.
e	Add lines 2a through 2d	2e	315,447.
3	Subtract line 2e from line 1	3	3,246,993.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,246,993.

**Part XIV Supplemental Information**

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

THE AMOUNTS ON SCHEDULE D PART XII AND PART XIII, LINES 2D ARE DIRECT

EXPENSES OF SPECIAL EVENTS.



Department of the Treasury  
Internal Revenue Service

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

2009

**Open To Public Inspection**

Name of the organization

## STAND! AGAINST DOMESTIC VIOLENCE

Employer identification number  
94-2476576

## Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

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

[illegible]

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		RBL	JOIE DE VIVRE	1		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts	107,531.	47,236.	10,482.	165,249.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	107,531.	47,236.	10,482.	165,249.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	41,193.	14,876.	5,487.	61,556.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 61,556 )
11	Net income summary. Combine line 3, column (d), and line 10				103,693.	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**STAND! AGAINST DOMESTIC VIOLENCE**

Employer identification number  
**94-2476576**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MARTINEZ 525 HENRIETTA STREET MARTINEZ, CA 94553	94-6000367		5,974.	0.			
CITY OF ANTIOCH THIRD & "H" STREETS ANTIOCH, CA 94509	94-6000293		5,412.	0.			
RICHMOND POLICE DEPARTMENT 1701 REGATTA BLVD. RICHMOND, CA 94804	94-6000403		8,743.	0.			
COMMUNITY VIOLENCE SOLUTIONS 2101 VAN NESS STREET SAN PABLO, CA 94806	94-2411924		30,765.	0.			
BAY AREA LEGAL AID 1025 MACDONALD AVENUE RICHMOND, CA 94801	94-1631316		21,000.	0.			
MONUMENT COMMUNITY PARTNERSHIP 1760 CLAYTON ROAD CONCORD, CA 94520	68-0476982		31,875.	0.			

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

6.

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

Schedule I (Form 990) 2009



**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

STAND! AGAINST DOMESTIC VIOLENCE

Employer identification number

94-2476576

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☒ Compensation committee☐ Independent compensation consultant☒ Form 990 of other organizations☐ Written employment contract☒ Compensation survey or study☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**STAND! AGAINST DOMESTIC VIOLENCE**

Employer identification number

**94-2476576**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>SILENT AUCTION</u> )	X	233	151,389.	FMV OR ESTIMATED VAL
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Yes No**

30a		X
31		X
32a		X

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Schedule M (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE MEETS WITH  
THE PREPARER FOR AN IN-DEPTH REVIEW OF THE 990. A COPY IS THEN PRESENTED  
TO THE BOARD BY THE FINANCE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
REVIEWED AND SIGNED ANNUALLY BY THE BOARD OF DIRECTORS TO CERTIFY THEY ARE  
IN COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE EXECUTIVE  
DIRECTOR IS ESTABLISHED ANNUALLY BY THE BOARD OF DIRECTORS THROUGH THE  
BUDGETING APPROVAL PROCESS. THE PERSONNEL COMMITTEE OF THE BOARD REVIEWS  
SALARY AND COMPENSATION DATA FROM VARIOUS SURVEYS OF NON PROFIT  
COMPENSATION AND MAY, AT ITS DISCRETION, CONDUCT A LOCAL SURVEY AS WELL.  
AFTER SUCH REVIEW, AND WITHIN THE CONTEXT OF THE PERFORMANCE REVIEW  
PROCESS, THE PERSONNEL COMMITTEE CAN RECOMMEND THAT THE SALARY/COMPENSATION  
OF THE EXECUTIVE DIRECTOR BE ADJUSTED. THE BOARD MUST APPROVE THIS  
ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19: THE 990 AND THE FINANCIAL  
STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C: THE FINANCE COMMITTEE APPROVES SELECTION  
OF AN INDEPENDENT ACCOUNTANT. THE FINANCIAL STATEMENTS ARE PRESENTED  
TO THE FINANCE COMMITTEE BY THE INDEPENDENT ACCOUNTANT FOR REVIEW AND  
APPROVAL. THE APPROVED FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD  
OF DIRECTORS BY THE DIRECTOR OF FINANCE.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

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Inspection

Name of the organization

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