

Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 P.O. BOX 170225
 City or town, state or country, and ZIP + 4
 ATLANTA, GA 30317

D Employer identification number 58-1314556

E Telephone number (404) 870-9600

F Name and address of principal officer **MEAGAN FULMER**
 P.O. BOX 170225 ATLANTA, GA 30317

G Gross receipts \$ 3,975,429.

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)

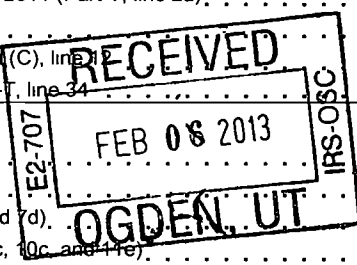
I Tax-exempt status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

J Website: ▶ HTTP://PADV.ORG/ **H(c)** Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1977 **M** State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC. WORKS TO END THE CRIME OF INTIMATE PARTNER VIOLENCE AND EMPOWER ITS SURVIVORS				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24.		
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	68.		
	6 Total number of volunteers (estimate if necessary)	6	339.		
	7a Total unrelated business revenue from Part VIII, column (C), line 7	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	4,379,573.	Current Year	3,894,881.
	9 Program service revenue (Part VIII, line 2g)		8,025.		11,810.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,901.		-3,883.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		-145,790.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,407,499.		3,757,018.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		360,489.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,868,575.		1,680,432.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,531.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,648,972.		748,052.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,517,547.		2,788,973.
19 Revenue less expenses Subtract line 18 from line 12		889,952.		968,045.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	3,874,865.	End of Year	5,074,562.
	21 Total liabilities (Part X, line 26)		212,622.		341,963.
	22 Net assets or fund balances Subtract line 21 from line 20		3,662,243.		4,732,599.



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: *Meagan Fulmer* Date: 1/30/2013

Type or print name and title: Meagan Fulmer, President - CEO

Paid Preparer Use Only

Print/Type preparer's name: MARC AZAR Preparer's signature: *Marc Azar* Date: DEC 19 2012 Check if self-employed PTIN: P00746804

Firm's name ▶ SMITH & HOWARD, P.C. Firm's EIN ▶ 58-1250486

Firm's address ▶ 171 17TH STREET, SUITE 900 ATLANTA, GA 30363 Phone no 404-874-6244

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

For Paperwork Reduction Act Notice, see the separate instructions.

2/8

SCANNED FEB 27 2013

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC. WORKS TO END THE CRIME OF INTIMATE PARTNER VIOLENCE AND EMPOWER ITS SURVIVORS.

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,283,154 including grants of \$ 77,882) (Revenue \$)

EMERGENCY SHELTER FOR WOMEN & CHILDREN:

SEE SCHEDULE O

4b (Code) (Expenses \$ 164,152 including grants of \$) (Revenue \$)

COMMUNITY-BASED DOMESTIC VIOLENCE SERVICES:

SEE SCHEDULE O

4c (Code) (Expenses \$ 486,905 including grants of \$ 276,236) (Revenue \$)

SUPPORTIVE HOUSING PROGRAMS:

SEE SCHEDULE O

4d Other program services (Describe in Schedule O) ATTACHMENT 1 (Expenses \$ 281,397 including grants of \$ 6,371) (Revenue \$ 11,810)

4e Total program service expenses 2,215,608.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
7 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
8 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
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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>	X	
b 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>		X
c 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>		X
d 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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, W-2G, gaming, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

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.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-6 (governance questions), 7a-7b (decision-making), 8a-8b (documentation), and 9 (mailing address).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest), 13-14 (whistleblower/retention), 15a-15b (compensation), and 16a-16b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MEAGAN FULMER P O BOX 170225 ATLANTA, GA 30317 404-870-9600

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CATHY ADAMS PAST-CHAIR	.50	X						0	0	0
(2) JAMES VONO DIRECTOR	.50	X						0	0	0
(3) KEITH SHURBUTT TREASURER	.50	X						0	0	0
(4) CHARLES F. BARNWELL JR. DIRECTOR	.50	X						0	0	0
(5) KELLY H. BARRETT DIRECTOR	.50	X						0	0	0
(6) ANNE BOWEN-LONG CHAIR	.50	X						0	0	0
(7) SUSAN CARINI DIRECTOR	.50	X						0	0	0
(8) HERBERT D. CAVER DIRECTOR	.50	X						0	0	0
(9) NICOLE JENNINGS-WADE DIRECTOR	.50	X						0	0	0
(10) TERRIE JONES DIRECTOR	.50	X						0	0	0
(11) CYNTHIA THIGPEN DIRECTOR	.50	X						0	0	0
(12) HELEN SLOAT DIRECTOR	.50	X						0	0	0
(13) MARCUS DELGADO SECRETARY	.50	X						0	0	0
(14) ALISON RAND DIRECTOR	.50	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) DAVID STOCKTON DIRECTOR	.50	X						0	0	0
16) DAVID MIDLER DIRECTOR	.50	X						0	0	0
17) SANDY O'MEARA DIRECTOR	.50	X						0	0	0
18) AMY ALDERMAN DIRECTOR	.50	X						0	0	0
19) ANISE MASTIN VICE CHAIR	.50	X						0	0	0
20) LINDA BOATRIGHT DIRECTOR	.50	X						0	0	0
21) SUZANNE SITHERWOOD DIRECTOR	.50	X						0	0	0
22) ROB SCHWARZMANN DIRECTOR	.50	X						0	0	0
23) LORRAINE CHILVERS DIRECTOR	.50	X						0	0	0
24) STEPHANIE CURRY DIRECTOR	.50	X						0	0	0
25) TRACEY LEDBETTER DIRECTOR	.50	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								268,677.	0	12,180.
d Total (add lines 1b and 1c)								268,677.	0	12,180.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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	1a Federated campaigns	1a 245,451					
	b Membership dues	1b					
	c Fundraising events	1c 557,234					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,584,580					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,507,616					
	g Noncash contributions included in lines 1a-1f \$	161,427					
	h Total. Add lines 1a-1f		3,894,881				
	Program Service Revenue	2a PROGRAM FEES	Business Code	11,810	11,810		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			11,810				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		1,716			1,716
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,904					
	b Less cost or other basis and sales expenses			7,503			
	c Gain or (loss)			-5,599			
	d Net gain or (loss)			-5,599		-5,599	
	8a Gross income from fundraising events (not including \$ 557,234 of contributions reported on line 1c) See Part IV, line 18		ATTACH 3				
a 46,314							
b Less direct expenses		b 210,908					
c Net income or (loss) from fundraising events	ATTACH 4 .		-164,594		-164,594		
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a OTHER			18,804	18,804			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			18,804				
12 Total revenue. See instructions			3,757,018	30,614		-168,477	

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).

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	360,489.	360,489.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	200,506.	78,574.	91,228.	30,704.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,219,197.	1,020,143.	88,112.	110,942.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	113,118.	87,543.	14,289.	11,286.
10 Payroll taxes	147,611.	114,237.	18,647.	14,727.
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	12,700.		12,700.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	120,355.	97,152.	22,774.	429.
12 Advertising and promotion	35,219.	25,000.	2,637.	7,582.
13 Office expenses	25,043.	16,848.	6,867.	1,328.
14 Information technology	68,528.	39,354.	27,011.	2,163.
15 Royalties	0			
16 Occupancy	227,539.	155,924.	70,235.	1,380.
17 Travel	37,965.	28,648.	6,128.	3,189.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	105,452.	101,936.	3,516.	
23 Insurance	19,886.		19,886.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>DIRECT SHELTER EXPENSE</u>	88,458.	88,458.		
b <u>MISCELLANEOUS</u>	6,907.	1,302.	4,804.	801.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,788,973.	2,215,608.	388,834.	184,531.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	65,943.	1	768,785.
	2 Savings and temporary cash investments	75,000.	2	75,968.
	3 Pledges and grants receivable, net	223,882.	3	478,826.
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	10,002.	9	15,189.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,940,260.		
	b Less accumulated depreciation	10b 1,620,413.	3,165,571.	10c 3,319,847.
	11 Investments - publicly traded securities	159,957.	11	158,839.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	174,510.	15	257,108.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,874,865.	16	5,074,562.	
Liabilities	17 Accounts payable and accrued expenses	208,551.	17	336,963.
	18 Grants payable	0	18	0
	19 Deferred revenue	4,071.	19	5,000.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25.	212,622.	26	341,963.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,882,243.	27	2,031,210.
	28 Temporarily restricted net assets	1,630,000.	28	2,551,389.
	29 Permanently restricted net assets	150,000.	29	150,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,662,243.	33	4,732,599.
34 Total liabilities and net assets/fund balances.	3,874,865.	34	5,074,562.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,757,018.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,788,973.
3	Revenue less expenses Subtract line 2 from line 1	3	968,045.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,662,243.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	102,311.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,732,599.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b	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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization **THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.**

Employer identification number
58-1314556

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 98.10%; 15 Public support percentage from 2010 Schedule A, Part II, line 14 98.90%; 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.

Employer identification number 58-1314556

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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; 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 (ASC 958) relating to these items.

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

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds. Complete if 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	1,979,450.	548,818.			
b Contributions	938,495.	1,520,000.			
c Net investment earnings, gains, and losses	-16,556.				
d Grants or scholarships					
e Other expenditures for facilities and programs		89,368.			
f Administrative expenses					
g End of year balance	2,901,389.	1,979,450.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 6.8930 %
- b Permanent endowment ▶ 5.1699 %
- c Temporarily restricted endowment ▶ 87.9371 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		500,000.		500,000.
b Buildings		1,154,192.		1,154,192.
c Leasehold improvements		2,609,664.	1,136,670.	1,472,994.
d Equipment		676,404.	483,743.	192,661.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,319,847.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: (1) Federal income taxes, followed by rows (2) through (11) and Total.

2. FIN 48 (ASC 740) 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 (ASC 740)

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 3,757,018. Line 2: Total expenses 2,788,973. Line 3: Excess or (deficit) 968,045. Line 4: Net unrealized gains (losses) -12,711. Line 9: Total adjustments (net) -12,711. Line 10: Excess or (deficit) per audited financial statements 955,334.

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue 4,015,718. Line 2e: Add adjustments 258,700. Line 3: Subtract adjustments 3,757,018. Line 5: Total revenue 3,757,018.

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses 3,060,384. Line 2e: Add adjustments 271,411. Line 3: Subtract adjustments 2,788,973. Line 5: Total expenses 2,788,973.

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X, QUESTION 2

THE AGENCY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE AGENCY ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE AGENCY TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE AGENCY IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE AGENCY IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE JUNE 30, 2009.

SCHEDULE D, PART V, QUESTION 4

THE TEMPORARY ENDOWMENTS ARE USED FOR THE ORGANIZATIONS CAPITAL CAMPAIGN, BENEFICIAL INTEREST TRUST THAT PROVIDES FOR THE UPKEEP ON A PROPERTY THE ORGANIZATION LEASES AND PROPERTY. THE PERMANENT ENDOWMENT IS AN AMOUNT THE ORGANIZATION IS REQUIRED TO MAINTAIN IN A TRUST RELATED TO A PROPERTY THE ORGANIZATION LEASES.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	603,548.		603,548.
	2	Less Charitable contributions	557,234.		557,234.
	3	Gross income (line 1 minus line 2)	46,314.		46,314.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	62,721.		62,721.
	7	Food and beverages	3,862.		3,862.
	8	Entertainment	2,000.		2,000.
	9	Other direct expenses	142,325.		142,325.
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				-164,594.

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	Yes _____ % No	Yes _____ % No	Yes _____ % 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? Yes No
 b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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
- 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 ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization THE PARTNERSHIP AGAINST DOMESTIC
VIOLENCE, INC.

Employer identification number

58-1314556

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 Yes No

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. Part II can be duplicated 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
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 INDIVIDUAL ASSISTANCE PROGRAMS	300		360,489	BOOK	
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART III

THE ASSISTANCE TO INDIVIDUALS CONSISTS OF RENT, UTILITIES, AND CHILDCARE PURCHASED FOR VICTIMS OF DOMESTIC ABUSE.

THE NUMBER OF RECIPIENTS IS AN ESTIMATE.

**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

2011

**Open To Public
Inspection**

Name of the organization **THE PARTNERSHIP AGAINST DOMESTIC
VIOLENCE, INC.**

Employer identification number
58-1314556

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods.	X		68,951.	PROCEEDS FROM SALES
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>VARIOUS</u>)	X	208.	90,460.	PROCEEDS FROM SALES
26 Other ▶ (<u>FOOD</u>)	X	12.	2,016.	COMPARABLE SALES
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 Acknowledgement **29**

	Yes	No
30 a 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?		X
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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M PART I

THE NUMBER OF CONTRIBUTIONS IS DETERMINED BY THE NUMBER OF CONTRIBUTIONS
RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization VIOLENCE, INC.	THE PARTNERSHIP AGAINST DOMESTIC	Employer identification number 58-1314556
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PART VI QUESTION 11

A DRAFT OF FORM 990 IS ELECTRONICALLY MAILED TO EACH MEMBER FOR REVIEW
AND COMMENTS

PART VI LINE 12C

ALL EMPLOYEES AND BOARD MEMBERS ARE PROVIDED A COPY OF THE POLICY TO
COMPLETE AT THE TIME OF EMPLOYMENT (FOR EMPLOYEES) AND AT ELECTION OF NEW
MEMBERS

PART VI QUESTIONS 15A & 15B

AT THE BEGINNING OF THE FISCAL YEAR, THE EXECUTIVE COMMITTEE OF THE BOARD
MEETS WITH THE CEO AND DEVELOPS "WEIGHTED" GOALS FOR HER TO ACCOMPLISH.
AT THE END OF THE FISCAL YEAR, THEY MEET AGAIN AND DISCUSS CEO
ACCOMPLISHMENTS AND DETERMINE SALARY FOR THE NEXT FISCAL YEAR. THE GOALS
AND THE SALARY DECISIONS ARE DOCUMENTED IN WRITING.

PART VI QUESTION 19

THE FINANCIAL COMMITTEE OF THE BOARD REVIEWS THE 990 RETURN BEFORE IT IS
SUBMITTED.

PART XI LINE 5

Name of the organization THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.	Employer identification number 58-1314556
--	---

OTHER CHANGES:

UNREALIZED GAIN/LOSS -12,711

PRIOR PERIOD ADJUSTMENT 115,022

102,311

PART III PROGRAM SERVICE DESCRIPTIONS

EMERGENCY SHELTER FOR WOMEN & CHILDREN:

PADV'S CORE PROGRAM, EMERGENCY SHELTER FOR WOMEN AND CHILDREN OFFERS 24-HOUR EMERGENCY SHELTER, 24-HOUR CRISIS LINE RESPONSE, CRISIS STABILIZATION SUPPORT, CASE MANAGEMENT, SUPPORT GROUPS AND MORE. PADV'S TWO EMERGENCY DOMESTIC VIOLENCE (DV) SHELTERS ARE THE ONLY STATE-CERTIFIED DV SHELTERS IN THE CITY OF ATLANTA AND GWINNETT COUNTY. THE PROGRAM PROVIDES A SAFE HAVEN FOR BATTERED WOMEN AND THEIR CHILDREN AND OFFERS SHELTER, BASIC NECESSITIES, FOOD, CLOTHING, SUPPORT GROUPS, CASE MANAGEMENT AND REFERRALS FOR HOUSING, CHILDCARE, MENTAL/MEDICAL HEALTHCARE, TRANSPORTATION AND JOB OPPORTUNITIES. OFTEN THE FIRST LINK TO SAFETY, THE CRISIS LINE PROVIDES SAFETY PLANNING, INFORMATION, AND SUPPORT TO CALLERS IN IMMEDIATE DANGER, AND TO THOSE WITH QUESTIONS ABOUT PEOPLE WHO MAY BE BATTERED. ADDITIONALLY, THE CRISIS LINE OFFERS REFERRALS TO COMMUNITY RESOURCES AVAILABLE THROUGHOUT THE STATE OF GEORGIA. DURING FY 2012, PADV HOUSED 587 WOMEN AND CHILDREN AND PROVIDED 20,193 BED NIGHTS. WE FIELDDED 11,418 CALLS ON THE CRISIS LINE.

Name of the organization THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.	Employer identification number 58-1314556
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COMMUNITY- BASED DOMESTIC VIOLENCE SERVICES:

PADV PROVIDES AN ARRAY OF COMMUNITY BASED SERVICES FOR SURVIVORS WHO MAY NOT NEED SHELTER BUT DO NEED SUPPORT TO ESCAPE A VIOLENT RELATIONSHIP AND REMAIN VIOLENCE-FREE. SERVICES INCLUDE CASE MANAGEMENT, ADVOCACY, PUBLIC BENEFITS ASSESSMENT AND ASSISTANCE, SUPPORT GROUPS AND REFERRALS FOR HOUSING, CHILDCARE, MENTAL/MEDICAL HEALTHCARE, TRANSPORTATION AND JOB OPPORTUNITIES. SUPPORT GROUPS ARE OFFERED ACROSS METRO ATLANTA AND PROVIDE A SAFE PLACE FOR WOMEN WHO HAVE LEFT VIOLENT RELATIONSHIPS OR WHO CONTINUE TO LIVE WITH THEIR ABUSER TO COME TOGETHER AND SHARE EXPERIENCES, OFFER ENCOURAGEMENT, SUPPORT, AND GENERATE IDEAS ON WAYS TO LIVE VIOLENCE FREE. AS PART OF CASE MANAGEMENT, PROGRAM STAFF INTERVIEW AND ASSESS DOMESTIC VIOLENCE SURVIVORS FOR ELIGIBILITY FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND PROVIDE SERVICE COORDINATION. DOMESTIC VIOLENCE SURVIVORS RECEIVE A TEMPORARY WAIVER FROM CERTAIN TANF REQUIREMENTS WITHOUT LOSING FINANCIAL ASSISTANCE. IN FY 2012, THE COMMUNITY OUTREACH PROGRAM SERVED 3,384.

SUPPORTIVE HOUSING PROGRAMS:

THE SUPPORTIVE HOUSING PROGRAM IS DESIGNED TO ASSIST BATTERED WOMEN IN THEIR EFFORTS TO GAIN INDEPENDENCE FROM THEIR ABUSERS. SPECIFICALLY, THE PROGRAM OFFERS RENTAL, UTILITY, CHILDCARE, EMPLOYMENT, LEGAL AND EDUCATIONAL FINANCIAL ASSISTANCE AS WELL AS TRANSITIONAL HOUSING TO

Name of the organization THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.	Employer identification number 58-1314556
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BATTERED WOMEN WORKING TO LIVE INDEPENDENTLY. THE PROGRAM OFFERS NOT ONLY RENTAL ASSISTANCE, BUT ALSO EDUCATIONAL/JOB TRAINING FINANCIAL ASSISTANCE, UTILITY ASSISTANCE, LEGAL ADVOCACY, CASE MANAGEMENT, SUPPORT GROUPS AND REFERRALS FOR HOUSING, CHILDCARE, MENTAL/MEDICAL HEALTHCARE, TRANSPORTATION AND JOB OPPORTUNITIES. PARTICIPANTS PAY 30% OF THEIR INCOME TO AN ESCROW ACCOUNT, WHICH IS GIVEN BACK TO THEM UPON PROGRAM EXIT FOR DEPOSIT ON PERMANENT HOUSING OR OTHER NEEDS. DURING FY 2012, PADV HAD 8 UNITS IN FULTON COUNTY AND 14 UNITS IN GWINNETT COUNTY WITH 174 WOMEN AND THEIR CHILDREN PARTICIPATING.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAMS	6,371.	281,397.	11,810.
TOTALS	<u>6,371.</u>	<u>281,397.</u>	<u>11,810.</u>

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	1,716.			1,716.
TOTALS	<u>1,716.</u>			<u>1,716.</u>

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HEARTS WITH HOPE GALA	557,234.

Name of the organization THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.	Employer identification number 58-1314556
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ATTACHMENT 3 (CONT'D)FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
TOTAL	<u>557,234.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
HEARTS WITH HOPE GALA	46,314.	210,908.	-164,594.
TOTALS	<u>46,314.</u>	<u>210,908.</u>	<u>-164,594.</u>

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE PARTNERSHIP AGAINST DOMESTIC VIOLENCE, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 58-1314556
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 170225	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30317	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MEAGAN FULMER

Telephone No ► 404 870-9600 FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year 20____ or

► tax year beginning 07/01, 2011, and ending 06/30, 2012.

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions