Form	99	O

Return of Organization Exempt From Income Tax

OMB No. 1515 00 to

, Inspection

Deportment of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Fo	orm 990 and its instructions is at www.irs.gov/i	<u> lorm990</u>
or tax year beginning	, 2015, and ending	_

۸	For the	2015 cale	ndar year, or tax year beginning , 2015, and end	ing		, 20							
<u>D</u>	Check if	applicable	C Name of organization Domestic Violence Initiative for Women with Diability	PS	D Employe	r identification nu	Imbei						
П	Address		Doing business as		84 1068953								
ī	Name ch	-	Number and street (or P.O. box if mail is not delivered to sireet acidress) Room/	suit.	E Telephon								
\Box	Initial ret		PO Box 300535		ļ	303 839 5510							
H			777	 -	303 033 3310								
Η		n/terminated			G Gross re	conts 5	219,013						
\vdash	Amende		Penver, Colorado 80203 F Name and address of principal officer Gary Johnson Board Chair	11/-> 1- 1>	4	uLovo natos? Yes							
ш	Applicati	iou bending				included? Tes							
_			C/O DVI, PO Box 300535, Denver, Colorado 80203			list (see instructio							
<u> </u>		mpt status	7 501(c)(3)	 -		•							
J Website ▶ www.divforwomen.org H(c) Group exemption number ▶ K Form of organization [7] Corporation Total Association Other ▶ L Year of formation 1987 M State of legal demicile													
		Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation 1987 M State of legal domicile C											
H.	artti	Summ											
	1		escribe the organization's mission or most significant activities										
Activities & Governance		Please se	ee Schedule O for complete description		.		·						
'n.		_				.							
ķ	2		iis box $lacktriangleq \square$ if the organization discontinued its operations or dispose:	d of more tha	n 25% of p	its net assets							
တ္ဗ	3	Number	of voting members of the governing body (Part VI, line 1a)		3 .		5						
•đ	4	Number	of independent voting members of the governing body (Part VI, line 1	h)	4		5						
ië.	- 5	Total nur	riber of individuals employed in calendar year 2015 (Part V, line 2a)		5		<u> </u>						
Ę	6	Total nur	mber of volunteers (estimate if necessary)		6		25						
Ă	7a	Total unr	related business revenue from Part VIII, column (C), line-12		7a		0						
_	b	Net unre	lated business taxable income from Form 990-1 line 34		7b								
			1,12021.23	Prior Y	ear	Current Y	ar						
ā	8	Contribu	tions and grants (Part VIII, line [h])	231 709		218,992							
2	9	Program	service revenue (Part VIII, line 29) NOV 2 8 2015			·							
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			21							
•	11	Other res	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c,-10c, and life)										
	12		enue-add lines 8 through 11 (must equal Part VIII), column (A), line 12)		231,709		219 013						
	13	Grants a	nd similar amounts paid (Part IX column (A), lines 1-3)										
	14	Benefits	paid to or for members (Part IX column (A), line 4)										
ø,	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)										
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		107,814		128 080						
ĝ	. ь		ndraising expenses (Part IX, column (D), line 25) ► 17 550			经外线机会	W. ELEVAN						
Щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		107 710		78 745						
	18		penses Add lines 13-17 (must equal Part IX, column (A), line 25)		215 524	 _	206,825						
	19		less expenses. Subtract line 18 from line 12		16,185		12 188						
5	g			Beginning of C	urrent Year	End of Ye							
Assets or	20	Total ass	sets (Part X, line 16)		61,919		74 573						
¥.	21		pilities (Part X, fine 26)		8,779		9 2 1 5						
200	22		ets or fund balances. Subtract line 21 from line 20		53,140		65,328						
P	art'll		ture Block										
		illies of perjo	ury, I declare that I have examined this return including accompanying schedules and sta	atements and to	the bast of a	ny knovledge and	behat it is						
			lyte. Declaration of preparer (other than officer) is based on all information of which prepared										
_			King Stram		1//14/1	la							
Sı	gn	Sigg	nature of officer	<i>U</i> C	ate	*							
	ere	Ti G	zurg P Johnson President of Doard of Dir	ec 17773									
		1yp	o or print name and title	/ /									
		Print/fy	ype preparer's name Preparey's signature.	Days,	16-1	T , PIN							
	aid	Stuart	Halpern Affill May	1////////	Check L	(25307						
	repare	71 	V7/	'/// i	m's EIN ▶	61 14321							
U:	se On	· y	address ► PO Box 6530, Denver, Colorado 80206 0530		ione no	303 321-81							
Ma	ay the If	RS discus	is this return with the preparer shown above? (see instructions)		igne no	3(13 321-8 € ✓ Ye							
_				1 No 11282Y			990 (2015)						
							/						

•	NICT		A4-1068953 Prop 2
	1(2015) // /		V / 1000 / Page 2
Part			<u> </u>
<u>. </u>	Check if Schedule O contains a response of	or note to any line in this Part III	
1	Briefly describe the organization's mission		
	Please see Schedule O for complete description		
2	Did the organization undertake any significant pro-	gram services during the year while	
	prior Form 990 oi 990-EZ?		☐ Yes 🗹 No
2	If "Yes" describe these new services on Schedule		
3	Did the organization cease conducting, or mak services?	e significant changes in now it	Tyes ✓ No
	If 'Yes,' describe these changes on Schedule O		LITES MO
4	Describe the organization's program service acco	mplishments for each of its three	largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organization		
	the total expenses, and revenue, if any for each pr	ogram service reported	
4a	(Code) (Expenses \$ 170 600 m	cluding grants of \$) (Revenue \$)
	- <u> </u>		
	Please see Schedule O for complete description		•
	· · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$ In	cluding grants of \$) (Revenue \$)
710	(Code) (Expenses it	chiding grants of \$,) (New-Inte \$)
	•		· · · · · · · · · · · · · · · · · · ·
			• · · · · · · · ·
4c	(Code) (Expenses \$in	ncluding grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule 0)		
-70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	170,600	

No

PY-1068953 Form 990 (2015) Part IV Checklist of Required Schedules Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? # Yes ' complete Schedule A 1 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes,' complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C. Part II 4 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? If "Yes' complete Schedule C. Part III 5 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? If 'Yes " complete Schedule D. Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If 'Yes," complete Schedule D. Part II 7 я Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Did the organization report an amount in Part X, fine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes 'complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes complete Schedule D. Part V 10 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? If Yes complete Schedule D, Part VI
 - 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? If Yes," complete Schedule D, Part VII
 - 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? If 'Yes," complete Schedule D. Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or inore of its total assets reported in Part X. line 169 If 'Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other habilities in Part X, line 25? If 'Yes.' complete Schedule D. Part X.
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes' complete Schedule D. Part X.
- 12 a Did the organization obtain separate independent audited financial statements for the tax year? If Yes complete Schedule D. Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes ' and if the organization answered 'No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(n)? If Yes,' complete Schedule E
- 14 a Did the organization maintain an office employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, tundraising, business, investment, and program service activities outside the United States or aggregate foreign investments valued at \$100,000 or more? If Yes complete Schedule F. Parts Land IV
- 15 Did the organization report on Part IX, column (A) line 3 more than \$5,000 of grants or other assistance to or for any foreign organization? If Yes, complete Schedule F. Parts II and IV
- Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If 'Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes,' complete Schedule G. Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII. line 9a? If 'Yes," complete Schedule G. Part III

11a

11b

11c

11d

11e

111

12a

12b

13

14a

14b

15

16

17

18

Form 990 (2015)

28

JY-1068953

Part	Checklist of Required Schedules (continued)			
		,	Yas	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes," complete Schedule I, Parts I and III	22		1
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 nighest compensated employees? If Yes "complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If. No., go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes, ' complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes complete Schedule L. Part I	25b		1
26	Did the organization report any amount on Part X line 5 6 or 22 for receivables from or payables to any current or former officers, directors, trustees key employees, highest compensated employees or disqualified persons? If Yes, "complete Schedule L, Part II	26		1
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? If Yes," complete Schedule L, Part III	27		√

Part IV instructions for applicable filing thresholds, conditions, and exceptions)

- a A current or former officer director trustee or key employee? If Yes, complete Schedule L. Part IV
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes,' complete Schedule L, Part IV

Was the organization a party to a business transaction with one of the following parties (see Schedule L

- 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? If 'Yes complete Schedule L, Part IV
- 29 Did the organization receive more than \$25 000 in non-cash contributions? If "Yes " complete Schedule M
- Did the organization receive contributions of art, historical treasures or other similar assets or qualified conservation contributions? If Yes,' complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N,
- 32 Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If Yes, complete Schedule N. Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes " complete Schedule R, Part I
- Was the organization related to any tax-exempt or taxable entity? If Yes ' complete Schedule I3 Part II, III or IV and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R, Part V line 2
- Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related_organization? If Yes ' complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes," complete Schedule R,
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19? Note All Form 990 filers are required to complete Schedule O

28a

28b

29

30

31

32

33

34

35ล

35b

36

Form 990 (2015)

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
14	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	i		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	<u> </u>	F + 4	į. ()
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		-t1.	3
_	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	('a	4	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	الليا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	-
٥-	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	است	ستت	
3a	Did the organization have unrelated business gloss income of \$1,000 or more during the year?	3a		<u> </u>
b 4a	If Yes,' has it filed a Form 990-T for this year? If No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in or a signature or other authority.	3ь		
70	over, a financial account in a foreign country (such as a bank account, securities account or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country	70	7.	, 6-
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		4.6	٦.
	(FBAR)	و دا	2	y . 1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		✓
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c)	; ,·	الميا	, -
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			معتد
	and services provided to the payor?	7a		<u> </u>
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Did the organization self-exchange, or otherwise dispose of tangible personal property for which it was	7b		
L	required to file Form 8282?			,
d	If 'Yes," indicate the number of Forms 8282 filed during the year 7d	7c	الله «رسوليا الله «رسوليا	W ₁
e	Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract?	7c		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		*
ĥ	If the organization received a contribution of cars, boals airplanes, or other vehicles did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	FU	5 . X	77
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds		2.46	<u>.</u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor-donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations Enter		1. 1. 1. E	
a	Initiation fees and capital contributions included on Part VIII, line 12	1	الومية ع	6
b	Gross receipts, included on Form 990. Part VIII. line 12, for public use of club facilities. [10b]	1224	¥4.	3.0
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders		1	in E
ล b	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources		<u>.</u>	
-	against amounts due or received from them.)		و الم	i.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	12a	الاجمعا	<u> </u>
b	If 'Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	<u> </u>	4
13	Section 501(c)(29) qualified nonprofit health insurance issuers		1	5
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 -
	Note: See the instructions for additional information the organization must report on Schedule O	14. 69	4 1	374
b	Enter the amount of reserves the organization is required to maintain by the states in which	[', '	4	<u> </u>
	the organization is licensed to issue qualified health plans	<u>.</u>		[€- ¹
С	Enter the amount of reserves on hand	1.5	[]	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
_ b	If Yes," has it filed a Form 720 to report these payments? If No," provide an explanation in Schedule O	14b	1	

omii 990	ე (2015	DIF	PY-1	0689	53	י ן	ագո 6
Part \	_	Governance, Management, and Disclosure For each 'Yes" response to line response to line 8a, 8b, or 10b below, describe the circumstances, processes, or Check if Schedule O contains a response or note to any line in this Part VI					
Section		Governing Body and Management					
1a	If the	r the number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing boe governing body delegated broad authority to an executive committee or smittee, explain in Schedule O		. 5	127 1 127 1 127 1	Ye.	No No No No No No No No No No No No No N
ь 2	Enter Did a	r the number of voting meinbers included in line 1a, above, who are independent any officer, director trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	1b isiness relatio	5 Inship with	2		
3	Did (the organization delegate control over management duties customarily performed rvision of officers directors, or trustees, or key employees to a management compan			3		<u>·</u> ✓
4 5 6 7a	Did ti Did t Did t	he organization make any significant changes to its governing documents since the prior he organization become aware during the year of a significant diversion of the organization have members or stockholders? the organization have members, stockholders, or other persons who had the po-	r Form 990 was ganization's a	s filed? ssets?	4 5 6		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	one (Are	or more members of the governing body? any governance decisions of the organization reserved to (or subject to a			<u>7a</u>		✓_
8	Did I	kholders, or persons other than the governing body? the organization contemporaneously document the meetings held or written ac- year by the following	tions underta	ken during	7b 가 된 12 및	1	<u> </u>
а b 9	Each Is the	governing body? a committee with authority to act on behalf of the governing body? are any officer, director trustee, or key employee listed in Part VII, Section A whorganization's mailing address? If 'Yes," provide the names and addresses in Sch		reached at	8a 8b	√ √	
Secti	on B	Policies (This Section B requests information about policies not require	d by the Inte	ernal Reven	ue Co		
10a b	lf "Ye affilia	he organization have local chapters, branches or alfiliates? es," did the organization have written policies and procedures governing the act ates, and branches to ensure their operations are consistent with the organization	n's exempt pu	rposes?	10a 10b	Yos	No ✓
11a b 12a b	Desc Did t	he organization provided a complete copy of this Form 990 to all members of its governing be cribe in Schedule O the process, if any, used by the organization to review this Fo the organization have a written conflict of interest policy? If No,' go to line 13 officers directors, or trustees and key employees required to disclose annually interests that	orm 990		11a 12a 12b	<u>√</u> <u>→</u> <u>√</u>	
С	desc	the organization regularly and consistently monitor and enforce compliance wearbein Schedule O how this was done	ith the policy	? If Yos'	12c	<u> </u>	
13 14 15	Did (Did	the organization have a written whistleblower policy? The organization have a written document retention and destruction policy? The process for determining compensation of the following persons include a pendent persons, comparability data, and contemporaneous substantiation of the delegation.			13	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,1
a b	Othe	organization's CEO, Executive Director, or top management official er officers or key employees of the organization es" to line 15a or 15b, describe the process in Schedule O (see instructions)			15a 15b	√	4
16a	Did with	the organization invest in, contribute assets to, or participate in a joint venture a taxable entity during the year?			16a	2 e - 3	10 to
b 	parti orga	es," did the organization follow a written policy or procedure requiring the org icipation in joint venture arrangements under applicable federal tax law, and take inization's exempt status with respect to such arrangements?			ر کیال 16b	AL TE	e E
		Disclosure					
17 18	Sect avail	the states with which a copy of this Form 990 is required to be filed None fi	apply an in Schedu	le O)			
19		cribe in Schedule O whether (and it so, how) the organization made its governing includes tatements available to the public during the tax year.	documents, o	conflict of int	erest	bolic	/ and

State the name, address, and telephone number of the person who possesses the organization's books and records -

Ashlee Lewis, Executive Director, C/O DVI, 899 Logan Street, Denver, Colorado 80203, 303-839-5510

Foun	agn	(2015)	

04

HY-1068953

Page 7

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

•		
Clearly of Cabardula Communication as soon	area ar note to any line in this Dort VIII.	וייין
Check ii Schedule O contains a respo	onse or note to any line 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 no.	r any relate	d org	anız	atio	n c	ompe	กรล	ited any curren	t officer, director	or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	of individual	unlas	Pos neck ss pe	rson	than a both solution of the state of the sta	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensations from related organications (W-2/1099 MISC)	(F) Fishmated amount of other componention from the organization
	hne)	trustee	al trustee		yee	Highest compensated employee				ाल्ड हत्ता तह त
(1) Gary Johnson, Board President	1 2	1		1				. 0	0)	0
(2) Nancy Lewis, Board Treasurer	1 2	/		/				0	0	0
(3) Jane Marsh, Board Secretary	1 2	_		_				0	0	0
(4) David Hrinninger, Board member at large	1 - 2	/		Ė				0	0	
(5) Renee Sitler Board member at large	1 - 2	· ·		-				0	0	0
(6) Ashire Lewis, Executive Director	40	<u></u>			-			50 000	0	0
					-		-	30 000	0	
(8)				_						
(9)			-				-			
(10)				 	_					
(11)										
(12)			-	-						
(13)										
(14)				-						<u> </u>

Form 990 (2015)

X	
- /)	1/
	14

AY-1068953

Part	VIII Section A Officers, Directors, Trust	ees, Key E	mplo <u>y</u>	yees			lighe	st C	ompensated E	mployees (<u>`ontini</u>	ued)		
		(5)			•	C) illon			100	(4.)			-,	
	(A) Name and title	(B) Average					: Ihan d is both		(D) Reportable	(E) Report thi	ia		f) inted	
		hours per week (list any					or/trus		compensation	compensation			int of Ref	
		Isours for	임	inst	Officer	ē	a F	Former	tl 1C.	organizatio		compo	กรสเตก	
		reinted organizations	uec.	Š	ğ	ent	nest i	Ter.	organization (W-2/1099 MISC)	(W 2/1099-N	ilSC)		r the Iz dion	
		below dotted line)	101	Institutional trus		Kay employee	e cont						el dod 7 dions	
		nne)	stee	LuS.6		٥٠	Highest compensated employee	ļ				ONJ III	· IIIOFIS	
				ee			ate:	l					_	
(15)														
(16)					-									_
(17)		 	-	-	-	-		-		· · · · · · · · · · · · · · · · · · ·				
`									<u></u>					
(18)														
(19)														_
1001			ļ.—.	<u> </u>	_	_	ļ	ļ.,					··	
(20)		-												
(21)					ļ. 									
40.01]	<u> </u>					-		.			
(22)														
(23)		-												_
(24)		ļ		-	_	_								
(27)				i										
(25)														
1b	Sub-total	1				l	J	>	50 000					(
С	Total from continuation sheets to Part	VII, Sectio	n A					>	ļ					
d	Total (add lines 1b and 1c)				. 1			<u> </u>	50 000		0	0 -1		<u>C</u>
2	Total number of individuals (including but reportable compensation from the organic	t not iimitet ization ► N	i io ir one	1056	e IISI	ea.	above	e) w	no received m	ore than \$11	JO 000	υ ατ		
										-			Yes N	ło
3	Did the organization list any former of							emp	oloyee, or high	iest compe	nsate	ا <u>احتــــــا</u> ا		3
4	employee on line 1a? If 'Yes,' complete of any individual listed on line 1a, is the								nd other cour	ancetion (u	om th	3	-15-T	,
•	organization and related organizations													,
	ındıvıdual	ŭ						•	•			4	حدا <i>تحق</i> د ۷	7
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividua		2 65.	Ē
Section	on B Independent Contractors	- 11 103, 0	.0//10/		367	icur.	ne u i	0/ 3	sacri person	 		5		_
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	acto	ors that receive	ed more tha	n \$10	10 000,0		
	compensation from the organization. Repyear	oort compe	nsatio	on fe	or tl	ነе ሮ	alend	lar y	ear ending wil	th or within t	the or	ganizatio	n's tax	
	(A) Name and business add	bross					-		(B) Description of s	iorvices		(C) Compensa	ulion	
None														_
														_
														
2	Total number of independent contractor	ors (includii	ng bi	ut n	ot	וודזוו	ed to	o th	nose listed ab	ove) who	ال بديم	·	使神经	, <u>+</u>
	received more than \$100,000 of compens								None		¥ →, 't		S.A.	٠.

None

14-1068953

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII						
> 5	- T	学课。是是是"是"是"是"。	是我们不会	(A) Tot il revenue	(B) Related or	(C) Unrelated	(D) Revenue
3.E.F.	A.Fa.	The state of the s	3 12 13 14 15 15 15		excript function	businuss revenue	excluded from tax
5) >		The state of the s		\	revenue	reventi.	tinder section : 512 514
ts st	1a	Federated campaigns	1a	Tarata A	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		المراجعة المراجعة المراجعة المراجعة
Grants	b	Membership dues	1b	温麗達はな	THE TOTAL OF STATE	The state of	企 。
S E	С	Fundraising events	1c	7.Ag - 4.3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	232 623.
Gifts, ilar Ar	d	Related organizations	1d	12.7			7 7 7 7 7
ons, Gifts, Grants Similar Amounts	е	Government grants (contributions)	1e		1	F 5 1 2 2 3 1 4	E
ē s	f	All other contributions gifts grants,		1. 144 30		- J. Tales	
the !		and similar amounts not included above	1f 218,99	2			1 3 (1)
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-	11 S	The state of the s		1 3 m/s 1 6 1	
S န	h	Total Add lines 1a-1f	•	218,992			等。
ue			Business Code	7. 20 8. 1	2 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	40 ~	7, 5, 2
Program Service Revenue	2a						
æ	b						
vice	С						
Ser	d						
E	e						
og.	f	All other program service revenu	e				
4	g	Total Add lines 2a-2f	>		正年·配外 次於		- ct. *
	3	Investment income (including	dividends interest,				
		and other similar amounts)	•	21			21
	4	Income from investment of tax-exen	npt bond proceeds ►			 	
	5	Royalties	>	<u> </u>			
		(i) Real	(ii) Personal	1.43.23.48 . (L. 183 -1.54.5 - 1.55		17 47 67 18 18 18 18	(1) (1) (1) (1)
	6a	Gross rents •		12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 通過		
	b	Less rental expenses		71,7 400 42 1	The second second	3 E	70 T
	С	Rental income or (loss)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.10 1 13 6 2 2	1 1 1 1 1	
	_d	Net rental income or (loss)	_		1 2 2 1 1 2 2 2		
	7a	Gross amount from sales of (i) Security	es (ii) Other		7 7 7 7	4.7	
		assels other than inventory		- 14.6	7 FE 2 F 2 1	7	
	ь	Less cost or other basis		国民副队会 "自	44.5		
		and sales expenses			1 1 1 " S. " S.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	C	Gain or (loss)			ممستثني		التشتسست
i	d	Net gain or (loss)	<u> </u>	r -21.60°, " 24 , 100° 10	C SECONO CONT.	1000 - 1000 - 1000	الما الأوراث المالية المالية
e l	8a	Gross income from fundraising				4 7	
eu	0.0	events (not including \$		3万里里里太阳	非常教育		o as a contract
ě		of contributions reported on line 10	ā	Control of the Contro	Part of the		
ž.		See Part IV line 18	" a	12.0		16.00	
Other Revenue	b	Less direct expenses	b	TOWN TO SE		8	医
0	c	Net income or (loss) from fundrar	sing events		A STATE OF THE STA	Marie Control	الم المستملك المستمل المستمل
		Gross income from gaming activit		李斯亚 史	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 m + 370 m	E-17 + 27 6, 45 . A
		See Part IV, line 19	а	The state of the s	361	The Lippy of the	是·第二章
	b	Less direct expenses	b				1 (Sec.)
	С	Net income or (loss) from gaming	activities >				
	10a	Gross sales of inventory, I	ess	Ha is the war war	建	学 计等数数据	(学、学、李子教等中)
		returns and allowances	a			1 × 12 × 2	
	b	Less cost of goods sold	b				
	С	Net income or (loss) from sales of	firiventory -				
		Miscell meous Revenue	Business Code	THE PERSON OF	र प्रदेश संस्कृत है। अस्ति संस्कृत	(4、1、1)が変要	20° (E) (55%
İ	11a						
	ь	·					
	С						
	d	All other revenue			<u> </u>		
	е	Total Add lines 11a-11d	>		然代表情事程 例	The sale topical	· 机 / 技术 . 1
	12	Total revenue See instructions	<u> </u>	219,013	<u> </u>	0	21
							Form 990 (1015)

PY-1068953

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns A	ll other organization	s must complete co	lumn (A)
	Check if Schedule O contains a respon-		e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22			· · · · · · · · · · · · · · · · · · ·	The state of the s
3	Grants and other assistance to foreign organizations foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			"现了,原理"	Tar At Sin Bridge of
6	Compensation not included above, to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(c)(3)(B)		<u></u>		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	113 942	89 9 12	12,000	12,000
9	Other employee benefits	6,085	5,085	500	500
10	Payroll taxes	8 053	6 053	1,000	1,000
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	<u> 7 687</u>	9 687	·	
ď	Lobbying		VILLE IN THE SECRETARY.	dispersion of the party	
e	Professional fundraising services Sec Part IV, line 17		题中,是一次的数据的点。	12.25	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion				
13	Office expenses	8 655	8 095	375	185
14	Information technology				
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	Occupancy	26 403	20 403	3 000	3,000
17	Travel	3 025	3 025		
18	Payments of travel or entertainment expenses for any federal state or local public officials				
19	Conferences, conventions, and meetings	2,141	2 141		
20	Interest				
21	Payments to affiliates				
22	Depreciation depletion, and amortization				
23	Insurance	3 048	1,248	1,500	300
24	Other expenses Itemize expenses not covered	第一次書話。	F=1 (1" 12") (1-1	· "是是"	\$ 1 m
	above (List miscellaneous expenses in line 24e If	100 mg	· · · · · · · · · · · · · · · · · · ·	1	1
	line 21c amount exceeds 10% of line 25 column				图 "是国
	(A) amount, list line 24e expenses on Schedule O)	The Comments of the	一直 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元	Andread Andread	1 m mm 1 mm 1 mm
а	Staff development, dues and subscriptions	1 118	1 058	60	
b	Professional services / consulting fees	4,100	4,100		
c	Client services	15 003			
d	Telephone	5,565	4 760	240	565
е	All other expenses				
25	Total functional expenses Add lines 1 through 24c	206 825	170 600	18,675	17 550
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

04

PY-1068753

։Part X∄ **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 35,656 11 738 3 Pledges and grants receivable, net 15,807 3 22,379 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 495B(I)(1)), persons described in section 495B(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 Inventories for sale or usc 9 9 Prepaid expenses and deferred charges 1 000 1 000 10a Land, buildings and equipment cost or other basis. Complete Part VI of Schedule D. 10a 10b **b** Less accumulated depreciation 13 876 9 456 10c 9 45G 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 12 13 Investments-program-related See Part IV line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 61 919 16 74 573 17 Accounts payable and accrued expenses 17 640 1,106 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors. Liabilities 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 23 8 139 8 139 24 Unsecured notes and loans payable to unrelated third parties 24 25 Officer 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 25 26 Total liabilities Add lines 17 through 25 26 8,779 9 245 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 27 Unrestricted net assets 27 49,341 61<u>529</u> 28 Temporarily restricted net assets 28 3 799 3,790 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > 1 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 32 Retained earnings endowment, accumulated income or other funds 33 Total net assets or fund balances 53,140 33 65 328 Total liabilities and net assets/fund balances 34 61,919 74,573

form 9	30 (2015) DUF	DES.	0953	ր Իստ 12
Par	5 / 7 /	70.0		1. II ii 1 Z
PLFL II	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part Vill, column (A), line 12)	1		219,013
2	Total expenses (must equal Part IX, column (A) line 25)	2		206 825
3	Revenue less expenses Subtract line 2 from line 1	3		12 198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		53,140
5	Net unrealized gains (losses) on investments	5		71,140
6	Donated services and use of facilities	6		
7	Investment expenses	7		••
8	Prior period adjustments	8		
9	Other changes in not assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33 column (B))	10		65 328
(Par	Check if Schedule O contains a response or note to any line in this Part XII			Yes No
1	Accounting method used to prepare the Form 900	xplaın	m E	1 3 3 4 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis or both			
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	Separate basis Consolidated basis Both consolidated and separate basis If 'Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year or	untant	⁷ 2c	
	Schedule O		3	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as se the Single Audit Act and OMB Circular A-133?	t forth	11) 3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo ti		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits	3ь	
			Γοι	m 990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Depa trient 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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs goviform990

Name of the organization

Employer identification number

er identification number

OMB No. 1535-0017

84-1068953 Domestic Violence Initiative for Women with Disabilities Part : 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 (Γοιπ 990 or 990-EZ)) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II) ☐ A tederal, state or local government or governmental unit described in section 170(b)(1)(A)(v) [2] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) ☐ An organization that normally receives (1) more than 33½% 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 331/4% 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 lor 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). Cher k the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ☐ Type I A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type if A supporting organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated. A supporting organization operated in connection with and functionally integrated with its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type II Type III Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Droudo Nos falla

noitasinegro betroaque, To emisk (i)	(n) EIN			inent" ur göverning inent"	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No	_	
(A)						
(B)						
(C)						<u> </u>
(D)			-			
(E)						····
Total			23 4		<u> </u>	

organization

instructions

18

supported organization

SY-1068953

Page 2

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 (a) 2011 **(b)** 2012 Calendar year (or fiscal year beginning in) (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts. arants. contributions. membership fees received (Do not include any "unusual grants") 194 089 163,541 189 241 198,009 218,992 963,872 revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1 through 3 163 541 189,241 198,009 194,089 218,992 963,872 5 The portion of total contributions by person each (other than governmental unit publicly Of supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 48 GG8 Public support. Subtract line 5 from line 4. 915,204 Section B Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 163 541 189,241 198 009 194,089 218 992 961872 8 Gross income from interest dividends. payments received on securities loans, rents, royalties and income from similar sources 10 15 21 16 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 10 963 918 12 Gross receipts from related activities etc. (see instructions) 12 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) 13 organization, check this box and stop here [7] Section C Computation of Public Support Percentage Public support percentage for 2015 (line 6 column (f) divided by line 11 column (f)) 14 14 95 % 15 Public support percentage from 2014 Schedule A. Part II, line 14 15 91 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Z 331/2% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported.

10%-facts-and-circumstances test—2014 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and sec

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990

Department of the Trensury Internit Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www irs gov/form990 Employer identification number

OMB No. 1515 0317

Name o	of the or	ganization		Employ	yer identif	ication numb	101
Domestic Violence Initiative for Women with Disabilities		<u> </u>		<u>84-1068953</u>	<u>.=</u>		
· Pai		Organizations Maintaining Donor Adv			Accou	nts	
		Complete if the organization answered '	, <u></u>	6			
			(a) Donor advised funds		(b) Fun	ds and other a	nccount
1	Total	number at end of year					
2		egate value of contributions to (during year)				-	···
3	Aggr	egate value of grants from (during year)					
4		egate value at end of year					
5		he organization inform all donors and donors are the organization's property subject to the	-		donor i		} Yes █ No
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?				urpose _	l Mar (T. Ma
P êr		Conservation Easements					Yes No
STEEL	r HAS		Voc" on Form 000, Port IV, line	7			
1	Dura	Complete if the organization answered ose(s) of conservation casements held by the		<i>t</i>			
'		reservation of land for public use (e.g., recrea		of a buch	ionostki.		and see a
		retection of natural habitat	Preservation				
		reservation of open space	r-reservation	or a cen	unea ms	stone struc	ture
2		reservation of open space plete lines 2a through 2d if the organization he	ald a gualified concervation contribu	tion in th	ae form	of a consor	wation
-		ment on the last day of the tax year	ra a qualifico (macryation continua	tion in th			d of the Tax Year
а		number of conservation easements			2a		3 01 1114 1114 1111
b		acreage restricted by conservation easement			2b		
		ber of conservation easements on a certified			2c -		
d C		ber of conservation easements included in		t on a	20		
ď		ric structure listed in the National Register	(c) acquired after 0/1//00, and fic	n on a	2d		
3		ber of conservation easements modified, trans	sterred, released, extinguished, or te	erminater		ากานอกเรลโเ	on duuna the
	tax y					9. 9	on arming mo
4	-	ber of states where property subject to conse	rvation easement is located >				
5	Does	the organization have a written policy re-	garding the periodic monitoring, in	nspectio	n, hand		l Yos □ No
6	Staff	and volunteer hours devoted to monitoring inspec	ing, handling of violations, and enforcin	g conscr	vation ea		
	>						
7		int of expenses incurred in monitoring, inspectir	g, handling of violations, and enforcin	g conser	vation e	asements c	luring the year
	▶\$	_					
8		each conservation easement reported on line	2(d) above satisfy the requirements	of sectio	on 170(h))(4)(B)(i)	
		section 170(h)(4)(B)(ii)?				_	Yes 🔲 No
9		rt XIII describe how the organization reports o					
		ice sheet, and include, if applicable, the text of	-	financial	stateme	ents that do	escribes the
		nization's accounting for conservation easeme		_			
∄Par		Organizations Maintaining Collection			r Sımılı	ar Assets	
		Complete if the organization answered					
1a		organization elected, as permitted under SF					
		s of art, historical treasures, or other similar	·				furtherance of
		c service, provide in Part XIII, the text of the f					
b	work	eorganization elected, as permitted under S s of art, historical treasures, or other similar c service provide the following amounts relat	assets held for public exhibition,				
	(i) R	evenue included on Form 990, Part VIII, line 1			>	\$	
		ssets included in Form 990, Part X			>	\$	
2		organization received or held works of art, wing amounts required to be reported under S			ts for fu	nancial gai	n provide the
а	Reve	nue included on Form 990, Part VIII, line 1			>	\$	
_ b		ts included in Form 990 Part X			>	\$	

•	λ:c-	JY-1068-953	
Schedulc D (Farm 990) 2015	DIF	0° 1° 1000 1° 100	Page 2

Part								
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)							
а	☐ Public exhibition d ☐ Loan or exchange programs							
b	Scholarly research		e	☐ Other	r	_		
С	☐ Preservation for future generations							
4	Provide a description of the organiza XIII	tion's collections	and expla	un how ti	hey further	the org	janization's exei	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar ☐ Yes ∐ No
Part	Escrow and Custodial Arra Complete if the organization		" on For	m 990, F	Part IV, lin	e 9, or	reported an ar	nount on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	ner interir	nediary (d	or contribu	tions o	other assets n	ot Yes No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able			
								imount
c	Beginning balance					10	<u> </u>	
d	Additions during the year					10	1	
е	Distributions during the year					16	— 	
f	Ending balance							- 67
2a	Did the organization include an amou							/? ∐ Yes ∐ No
	If "Yes," explain the arrangement in P Control art XIII. Check her	e if the e	xpianatio	n has been	bioxia	ed on Part XIII		
: Par	Complete if the organization	anewered "Vee	" on For	n 990 r	Part IV Jus	o 10		
	Complete it the organization	(a) Current year		or year	(c) Two year		(d) Threa years bar	k (e) Four year back
1a	Beginning of year balance	107 310 510 750	(47	,	(4)		(11/11/11/11/11/11/11/11/11/11/11/11/11/	(4))
b	Contributions		 		 			
c	Net invostment earnings, gains, and losses							
d	Grants or scholarships	•						
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of (lhe current year er	nd balanc	c (line 1g	column (a	ı)) held	ลร	
а	Board designated or quasi-endowine	nt ▶ ຼ	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ► The percentages on lines 2a 2b and							
3a	Are there endowment funds not in the organization by	e possession of the	ne organı	zation tha	at are held	and ac	ministered for th	Yes No
	(i) unrelated organizations							(3a(ı)
	(ii) related organizations							3a(n)
b	If Yes" on line 3a(ii), are the related o	rganizations listed	l as requi	red on Sc	chedule ft?			3b
4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment fo	unds			·
ERart								
	Complete if the organization	answered "Yes	" on For	m 990 <u>, </u> [^p ait IV, Iin	e 11a	See Form 990	Part X, line 10
	Description of property	(a) Cost or of (investment)			or other basis other)		Accumulated epreciation	(d) Book v ika
1a	Land					1. 香雪	群に、変われ	
b	Buildings							
C	Leasehold improvements							
d	Equipment				23,332	ļ	13,876	9,456
c	Other			<u> </u>		<u> </u>		
Intal	Add lines 1a through 1e. (Column (d) r	nust eaual Form 0	Un Part	Y column	n (D) line 1:	() ()	b 1	0.400

Pos	111	4

Schudule	D ₄ L	OUU	9901	2015

8	VI
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$\nu \nu$

DY-1068953

Fart	Reconciliation of Revenue per Audited Financial State		ide per neturii.	
	Complete if the organization answered "Yes" on Form 996 Total revenue, gains and other support per audited financial statemen		1	N/A
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	KS	· · · · · · · · · · · · · · · · · · ·	19//
2		2a	2, 41	
a	Net unrealized gains (losses) on investments	2b		
b	Donated services and use of facilities			
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
G	Add lines 2a through 2d		20 3	
3	Subtract line 2e from line 1	l I	A.54.21	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
3	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII)	40	4c	
C	Add lines 4a and 4b Cotal revenue Add lines 3 and 4c (This must equal Form 990, Part I, Ii	mo 12 l	5	
5	XII Reconciliation of Expenses per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 99			
1	Total expenses and losses per audited financial statements	1011 11110 1110	1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		L. THE	
a	Donated services and use of facilities	2a	F. 31, 41	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1,15	-
a	Investment expenses not included on Form 990. Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I,	, line 18)	5	
ein.	XIII Supplemental Information	·		
rovio	de 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
', Par	t XI. lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this p	oart to providu any ad	ditional information	
lone				
-				
				

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Freasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

2015

COpenito Publication

Employer identification number

Domestic Violence Initiative for Women with Disabilities	84-1068955
P.6. Part VI. Section C, Line 11. The agency Executive Director and a Board member, as available _meet	with the external financial
consultant to review the form 990 and its supporting schedules and attachments. Once this process is	completed an electronic
version of the 990 is shared with all board members for their review prior to filing	
P 6_Part_VI_Section B_Line_12c_Conflict of interest_disclosure_All members_receive a board orientation	j to explain the roles and
responsibilities of the position. The board chair and executive director work closely together to ensure	combliatice with
the policy. The board chair regularly makes inquiry about potential conflicts of interest with respective	board members
P 6 Part VI Section B, Line 15. The agency executive director and support staff work together to secur	e non profit
salary survey information from a variety of non profit sources, along with other sector trend and data a	s available
to develop a salary range for executive management and staff salaries. This information along with th	e agency's
valury history form the basis for compensation arrangements and updates	
· · · · · · · · · · · · · · · · · · ·	
P 6 Part VI, Section C, Line 19 The agency does not make its internal financial statements available to t	h <u>e qeneral public</u>
The agency will provide a copy of its required documents to those parties who make a request in writin	g generally within ten
business days of receiving the request	
··· ···· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	···· · · · · · · · · · · · · · · · · ·
	· ···· · · · · · · · · · · · · · · · ·
······································	