

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01 , 2018, and ending 06/30 , 20 19																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PARTNERSHIP AGAINST DOMESTIC VIOLENCE</td> <td>D Employer identification number 58-1314556</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 404-870-9600</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">PO Box 170225</td> <td rowspan="2">G Gross receipts \$ 4,240,207</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA, 30317</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: Nancy Friauf</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">PO Box 170225, Atlanta, GA 30317</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">J Website: ▶ PADV.org</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1977 M State of legal domicile: GA</td> </tr> </table>	C Name of organization PARTNERSHIP AGAINST DOMESTIC VIOLENCE		D Employer identification number 58-1314556	Doing business as		E Telephone number 404-870-9600	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	PO Box 170225		G Gross receipts \$ 4,240,207	City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA, 30317		F Name and address of principal officer: Nancy Friauf		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PO Box 170225, Atlanta, GA 30317		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	J Website: ▶ PADV.org		H(c) Group exemption number ▶	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: GA
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The Partnership Against Domestic Violence, Inc. (PADV) works to end the crime of intimate partner violence and empower its survivors.</u>
	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 2018 (Part V, line 2a) 5 70
	6	Total number of volunteers (estimate if necessary) 6 440
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 38 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,672,134 4,015,278
	9	Program service revenue (Part VIII, line 2g) 8,075 9,763
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,308 11,373
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,991 35,606
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,691,508 4,072,020
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 502,814 557,256
	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) 2,403,178 2,835,036
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 34,816 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 397,088
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,156,803 1,278,265
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,097,611 4,670,557
19	Revenue less expenses. Subtract line 18 from line 12 -406,103 -598,537	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 6,986,351 6,409,103
	21	Total liabilities (Part X, line 26) 128,835 125,664
	22	Net assets or fund balances. Subtract line 21 from line 20 6,857,516 6,283,439

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	▶	Filed electronically 4/17/2020		Date
	▶	Gregory Cashman, Chief Financial Officer		
		Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

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