· 990

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For the	2008 calendar year, or tax year beginning , 2008, and ending		<u> </u>								
В	B Check if applicable											
		Please use IRS label MEN STOPPING VIOLENCE, INC.	58-1618									
	\vdash	Orprint 1270E TAMBENCENTITE UNV #112		E Telephone number								
	See DECATUR GA 30033											
	Initia	I return specific Instruc-	(404) 2	70-9894								
	Term	nunation tons.										
	Ame	nded return	G Gross receipts 5	416, 263.								
	Appl	ication pending F Name and address of principal officer Hi	(a) Is this a group return for affi	liates? Yes X No	1							
	, ₁₉₆ ,		(b) Are all affiliates included?	Yes No								
-	T		If 'No,' attach a list (see ins	tructions)								
<u> </u>		xempt status X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527										
<u>J</u>	Webs	· · · · · · · · · · · · · · · · · · ·	(c) Group exemption number	·								
K	Type of	forganization X Corporation Trust Association Other ► L Year of Formation	n 1982 M State of le	egal domicile GA								
P	art I	Summary										
	1 B	riefly describe the organization's mission or most significant activities. MEN STOPP	ING VIOLENCE IS	A SOCIAL	•							
•	1 6	HANGE ORGANIZATION DEDICATED TO ENDING MEN'S VIOLENCE										
ĕ		DANDS TO CONTRACTOR TO SECONDO FOR SECONDA 1897 DE LA SENDE	, avaranto a _ 12/4/60/10 _									
īa I	-											
Activities & Governance]	heck this box F	then 25% of its seconds									
ဗိ	2 C	umber of voting members of the governing body (Part VI, line 1a)	1 - 1	13								
•ಕ	3 N	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)	3 4	10								
9	4	, , , , , , , , , , , , , , , , , , , ,	, 									
-	5 6 T	otal number of employees (Part V, line 2a)	5	8								
털	6	otal number of volunteers (estimate if necessary)	nbers, but still 6	50								
٩	'" '	otal gross difference business revenue from Fart VIII, life 12, column (c)	, <u> </u>	0								
_	b N	et unrelated business taxable income from Form 990-T, line 34	months late 7b		See Pt VIII							
		DÉCEIVED -	Prior Year	Current Year	(p.9) —							
	8 C	ontributions and grants (Part VIII, line 1h)	315,546.	273,011								
Revenue			88,990.	66,585	\$185K of							
ē			-1,859.	-34,771	the \$273K							
چَ	10 Ir	ivestment income (Part VIII, column (A), lines (A) an NOV 1 9 2009			was "Govt							
		ther revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)	97,127.	58,746								
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line(4)	499,804.	363,571	Grants"							
	13 G	rants and similar amounts paid (Part IX, column (A) Tines 437 N, U !										
	14 B	enefits paid to or for members (Part IX, column (A), line 4)										
	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	348,666.	386,378.								
9	13 3		340,000.	300,370.								
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)										
ă	ьт	otal fundraising expenses (Part IX, column (D), line 25) 62,612.										
ũ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	147,707.	117,479.								
	1	· · · · · · · · · · · · · · · · · · ·	496,373.	503,857.								
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)										
	19 R	evenue less expenses. Subtract line 18 from line 12	3,431.	-140,286.								
2 8			Beginning of Year	End of Year								
2003 2003	20 T	otal assets (Part X, line 16)	215,281.	108,941.								
	5 I	otal liabilities (Part X, line 26)	29,885.	63,831.								
∌કે	[]	` ' ' '										
تار≳ت سند	22 N	et assets or fund balances. Subtract line 21 from line 20	185,396.	45,110.	1							
J P	art II	Signature Block			1							
<u></u>			menter and to the hest of my kr	rowledge and belief it is								
_		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state true, correct, and complete sectaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge	lowledge and belief, it is								
<u>)</u>		- St. 01/0. He al. b. l.	111/12/200	va .	/							
ឬ Si	ign	- allen or down	11/12/200	7								
≦ H	ere	Signature of officer 0	Date *									
		► SHELLEY SERDAHELY										
2		Type or print name and title										
б —		Type or print the late the										
			management of a h	udaat — \$140K hari	16							
Pa	aid	This speaks to	management of a b									
Pa Pi	aid re-	This speaks to Signature Signature Signature Frequency State Stat	hly 28% overage for	the year. It's also cl	ear							
Pa Pi pa	aid re- arer's	Preparer's signature Gregg S. Bossen This speaks to 14/50ths or rough	hly 28% overage for	the year. It's also cl	ear							
Pa Pi pa	aid re-	Preparer's signature Gregg S. Bossen Furn's name (or they are habit.	hly 28% overage for ually running down (the year. It's also cl pross assets, althou	ear igh							
Pa Pi pa Us	aid re- arer's	Preparer's signature Gregg S. Bossen Firm's name (or yours if self employed), Properties of the prope	hly 28% overage for wally running down (few liabilities anywl	the year. It's also cl gross assets, althou nere. Perhaps becau	ear igh use							
Pa Pi pa Us	aid re- arer's se	Preparer's signature Gregg S. Bossen Firm's name (or yours if self employed),	hly 28% overage for ually running down (the year. It's also cl gross assets, althou nere. Perhaps becau	ear igh use							
Pa Pi pa Us O	aid re- arer's se nly	Preparer's signature Gregg S. Bossen Firm's name (or yours if self employed), address, and ZiP+4 This speaks to 14/50ths or rough they are habite they are habite there seem to be at 14/50ths or rough they are habite they are habite there seem to be at 14/50ths or rough they are habite they are habited they	hly 28% overage for ually running down o few liabilities anywl g, and not their own	the year. It's also cl gross assets, althou nere. Perhaps becau year after year, this	ear igh ise s is							
Pa Pi pa Us Oi	aid re- arer's se nly	Freparer's signature Gregg S. Bossen Firm's name (or yours if self employed), address, and 2IP+45 Gladdress, and 2IP+45 Gregg S. Bossen GREGG S BOSSEN CPA PC 1904 MONROE DR NE Suite 260 ATLANTA, GA 30324-4858 Gliscuss this return with the preparer shown above? (see in OK? Basically, they	hly 28% overage for ually running down g few liabilities anywl g, and not their own run classes/training	the year. It's also cl gross assets, althou nere. Perhaps becau year after year, this is and advertise to i	ear ugh use s is run							
Pa Pi pa Us Oi	aid re- arer's se nly	Freparer's signature Gregg S. Bossen Firm's name (or yours if self employed), address, and 2IP+45 Gladdress, and 2IP+45 Gregg S. Bossen GREGG S BOSSEN CPA PC 1904 MONROE DR NE Suite 260 ATLANTA, GA 30324-4858 Gliscuss this return with the preparer shown above? (see in OK? Basically, they	hly 28% overage for ually running down o few liabilities anywl g, and not their own	the year. It's also cl gross assets, althou nere. Perhaps becau year after year, this is and advertise to i	ear ugh use s is run							
Pi pa U: O:	aid re- arer's se nly	Freparer's signature Gregg S. Bossen Firm's name (or yours if self employed), address, and 2IP+45 Gladdress, and 2IP+45 Gregg S. Bossen GREGG S BOSSEN CPA PC 1904 MONROE DR NE Suite 260 ATLANTA, GA 30324-4858 Gliscuss this return with the preparer shown above? (see in OK? Basically, they	hly 28% overage for ually running down g few liabilities anywl g, and not their own run classes/training	the year. It's also cl gross assets, althou nere. Perhaps becau year after year, this is and advertise to i	ear ugh use s is run							

Form 990 (2008) MEN STOPPING VIOLENCE, INC.	58-1618891	Page 2
Part III Statement of Program Service Accomplishments (see instructions)		
Briefly describe the organization's mission. MEN STOPPING VIOLENCE IS A SOCIAL CHANGE ORGANIZATION DEDICA VIOLENCE AGAINST WOMEN.	TED TO ENDING MEN'S	
2 Did the organization undertake any significant program services during the year which were not listed	· —	٦
Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	∐ Yes X	No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? Yes X	No
If 'Yes,' describe these changes on Schedule O		_
Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported.	ces by expenses Section 501(c)(3) and allocations to others, the total)
1.00 9.44 maludum scents of C	(D	
4a (Code:) (Expenses \$ 168,844. Including grants of \$ MEN'S EDUCATION AND RESOURCE PROGRAM: MSV DIRECTLY INTERVEN MEN EACH YEAR THROUGH TELEPHONE CONTACTS, ORIENTATION CLASSE VIOLENCE EDUCATION CLASSES AND MORE IN-DEPTH 24 WEEK RE-EDUC	S, BASIC DOMESTIC) <u>00</u>
	for how much)	
Implies there is no tax-exempt business (revenues in exchang		
taking place, but there is See other part		
This is also "REQUIRED" per Line 4 instructions. Ergo, some		
others, but not ready to take basic form-filling instruct	ions seriously?	
EDUCATION PRESENTATIONS EACH YEAR TO RELIGIOUS INSTITUTIONS, CRIMINAL JUSTICE ORGANIZATIONS, OTHER NONPROFITS, CORPORATIO CIVIC ORGANIZATIONS AND MEDIA.		ES,
LING OUT THIS SECTION (WHEN DONE RIGHT — SOME ORGANIZATIONS MIS- REPORT G THERS" OR AS "REVENUES" LETS READERS (INCL. IRS PEOPLE and THE Men-Stopping-\		
expenses to revenues BY ACTIVITY. They should be tracking this; if so, it should be no p		
page.NOTE: IRS forms pre-2008 don't seem to have a blank for "Revenues" in t	he corresponding Form 990	Section
As (Code) \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\ (Payarus \$	
4c (Code:) (Expenses \$33,096. including grants of \$) (Revenue \$,
EXPERIENCE A NEW PERSPECTIVE ON THE WORLD IN WHICH GIRLS AND	YOUNG WOMEN LIVE.	
Sounds like press releases, presentations or trainings. What is the actual AC this page is Program Service ACCOMPLISHMENT	CTIVITY? (the name of S by the organization.	
4d Other program services (Describe in Schedule O.) See Schedule O	^	
(Expenses \$ 42,922. including grants of \$ (Revenue 4e Total program service expenses ► \$ 397,311. (Must equal Part IX, Line 25, column		
To total program service expenses P Q 371/311. (Must equal t at tix, Line 25, colui	,,,,	
BAA TEEA0102L 12/24/08	Form 00	90 (2008)
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Form 990 (2008) MEN STOPPING VIOLENCE, INC.

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)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
7	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
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? If 'Yes,' complete Schedule F, Part II	15		Х
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? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		х
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		
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? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
BAA		Form	990 ((2008)

Form 990 (2008) MEN STOPPING VIOLENCE, INC. Part IV | Checklist of Required Schedules (continued)

Pa	t iv Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
i	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	,	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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, Part VI	37		Х
BAA		Form	990 (2008)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1	103	-113
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (2]		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country. ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7Ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	_		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		ı
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12]		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	ــــــــــــــــــــــــــــــــــــــ		
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[Part VI] Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A.	Governing Body and Management								
	For each	n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, d es, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No				
1	•	e number of voting members of the governing body	1a 13							
		e number of voting members that are independent	1b 10							
	Did any	officer, director, trustee, or key employee have a family relationship or a business relative to the control of				v				
3	Did the	organization delegate control over management duties customarily performed by or ur	nder the direct supervision	2		X				
_		rs, directors or trustees, or key employees to a management company or other person	า?	3		X				
4		organization make any significant changes to its organizational documents		4		Х				
_		e prior Form 990 was filed?	la accata?	5		х				
5 6		organization become aware during the year of a material diversion of the organization organization have members or stockholders?	2 922612,	6		X				
		· ·	iora mambara of tha	Ů						
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?										
	b Are any	decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7Ь		X				
8	Did the o	organization contemporaneously document the meetings held or written actions underlying	taken during the year by							
	a The gove	erning body?		8a	X					
	b Each coi	mmittee with authority to act on behalf of the governing body?		8Ь	X					
9	a Does the	organization have local chapters, branches, or affiliates?		9a		X				
i	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?									
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990 $$ $$ $$ $$ $$ $$	All organizations must ee Schedule 0	10	Х					
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O										
Sec	ction B.	Policies								
			,		Yes	No				
12	a Does the	gorganization have a written conflict of interest policy? If 'No,' go to line 13		12a	X					
ا	b Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually interests t ts?	hat could give rise	12b	Х					
,		e organization regularly and consistently monitor and enforce compliance with the politie O how this is done	cy? If 'Yes,' describe in	12c	Х					
13	Does the	organization have a written whistleblower policy?		13	Х					
14	Does the	organization have a written document retention and destruction policy?		14	Х					
15	Did the persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion							
	a The orga	anization's CEO, Executive Director, or top management official?		15a		X				
-	b Other of	ficers of key employees of the organization?		15b		X				
	Describe	the process in Schedule O. (see instructions)								
16		organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	rrangement with a taxable	16a		Х				
ا	in joint v	has the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard to the respect to such arrangements?	o evaluate its participation he organization's exempt	16Ь						
Sec	ction C.	Disclosures		100						
17		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 in. Indicate how you make these available. Check all that apply.	1 990-T (501(c)(3)s only) avai	able f	or put	olic				
	Own	website Another's website X Upon request								
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. See Schedule O	ents, conflict of interest policy	, and	financ	cial				
	20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization SHELLEY SERDAHELY 533 WEST HOWARD AVENUE SUITE C DECATUR GA 30030 (404) 270-9894									
		21 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
BAA				L orm	gan /	2008)				

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee. (A) (B) (c) (D) (E) (F) Average hours Position (check all that apply) Reportable compensation from the organization (W-2/1099 MISC) Name and Title Reportable compensation from related organizations (W 2/1099 MISC) Estimated amount of other Individual I Officer compensation from the organization and related organizations institutional trustee employee Highest compensated ey employee trustee Andrea Carter 0 0 0 0. Madeline Belfoure 0 0 0 0. Madeline Belfoure 0 0 0 0. JENNIFER STOLARSKI Vice President 0 0 0 0. Angelique Burke Secretary 0 0 0 0. EDUARDO CORREIA 0 0. 0. 0. MARK KLEIN Treasurer 0 0 0 0. Frank McCloskey 0 0. 0 0. Judy O'Brien 0 0. 0. 0. MONTGOMERY RIVERS President 0 0. 0. 0. John Davis 0 0 0 0. DAVID SACHS 0 0 0 0. SHELLY SPOETH 0 0 0 0.

BAA

TEEA0107L 04/24/09

Form 990 (2008)

Forn	990 (2008) MEN STOPPING VIOLENCE, IN	IC								58-16188	
Pa	rt VII Section A. Officers, Directors, Trus	tees, l	Key	Er			ees	, an		mpensated En	nployees (cont.)
	(A)	(B)			-	c)			(D)	(E)	(F)
	Name and Title	Average hours per week	-	_	Officer	Key employee	Mighest compensated	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
						L					
		ļ								····	
		ļ 									
											<u> </u>
11	Total							•	0.	0	. 0.
2	Total number of individuals (including those in 1a) we organization ▶ 0	ho rece	ived	mor	e th	an :	\$100),000) in reportable cor	npensation from t	ne
3	Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rep	dıvıdual ortable	com	pen	satı	on a	ınd d	othei	r compensation from	om	Yes No
_	the organization and related organizations greater thindividual						·				4 X
	Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	edule J	for s	such	n ar per	ny u rson	nrei	ated	organization for s	services	5 X
Sect 1	ion B. Independent Contractors Complete this table for your five highest compensate	d inden	end	ent (cont	ract	ors	that	received more tha	an \$100 000 of	
	compensation from the organization.	- Indep	·			iact		····	received more than	11 \$100,000 01	
	(A) Name and business address	s							(B) Description o	f Services	(C) Compensation
									<u> </u>		
											<u> </u>
	Total number of independent contractors (including t	hose in	1) w	ho.	ece	IVEC	l mo	ra ti	han \$100 000 in		

compensation from the organization >

,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 b 1 c 1 d 1 e 1 85,000.				
AND	g Noncash contribns included in lns 1a-1f: \$ h Total. Add lines 1a-1f	273,011.			
E REVENUE	PARTICIPANT FEES b TRAINING FEES	39,553. 26,612.	39,553. 26,612.	years, t	Forms 990, for ear nese were showing v from Gov't Fees
AM SERVIC	c MANUALS & LITERATURE de	420.	420.		Contrac
PROGR	f All other program service revenue g Total. Add lines 2a-2f	66,585.) —	
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds	-34,771.			-34,771.
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory	-		,	,
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events				
OTHER REVENUE	(not including \$	58,746.			58,746.
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses. c Net income or (loss) from gaming activities				
	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				
	Miscellaneous Revenue Business Code 11 a b c d All other revenue				
BAA	e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	363,571.	66,585.	0.	23, 975. Form 990 (2008)

Part IX | Statement of Functional Expenses

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

	(A)	(B)	te columns (B), (C), and (C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	<u>.</u>	-		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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.	0.	0.	0.
7 Other salaries and wages	323,723.	274,720.	5,665.	43,338.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		·		
9 Other employee benefits.	38,324.	26,185.	6,265.	5,874.
10 Payroll taxes	24,331.	20,648.	426.	3,257.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other	42,041.	18,288.	20,320.	3,433.
12 Advertising and promotion				
13 Office expenses	17,989.	16,142.	1,474.	373.
14 Information technology				
15 Royalties				
16 Occupancy	44,640.	36,028.	4,306.	4,306.
17 Travel	5,457.	4,611.		846.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,449.		3,449.	
23 Insurance	1,488.		1,488.	
Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Postage and Shipping	1,375.	531.	20.	824.
b Printing and Publications	479.	158.	321.	
c STAFF AND BOARD DEVELOPMENT	361.			361.
d OTHER EXPENSES	200.		200.	
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	503,857.	397,311.	43,934.	62,612.
26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
campaign and fundraising solicitation.				Form 990 (2008)

12	1117) Dalance Street			(A) Beginning of year		(I End o	B) of year	r
	1	Cash - non-interest-bearing			60,574.	1		12,	597.
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			45,863.	3		28,0	003.
	4	Accounts receivable, net			35.	4			
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trust L	lees, key employees,		5	_		
	6	Receivables from other disqualified persons (as define	ed und	er section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B). Comp	lete Pa	art II of Schedule L.		6			
A S S E T S	7	Notes and loans receivable, net				7			
Ē	8	Inventories for sale or use				8			
s	9	Prepaid expenses and deferred charges			3,241.	9		4,	936.
	10 a	Land, buildings, and equipment cost basis	10 a	65,833.		1 1			
	b	Less. accumulated depreciation Complete Part VI of							
		Schedule D	10 Ь	63,989.	5,293.	10 c		1,8	344 .
	11	Investments - publicly-traded securities				11			
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			100,275.	15		61,5	561.
	16	Total assets Add lines 1 through 15 (must equal line 3	34)		215,281.	16	1	08,9	941.
	17	Accounts payable and accrued expenses			20,443.	17		58,6	549.
	18	Grants payable				18			
	19	Deferred revenue			19				
L	20	Tax-exempt bond liabilities		:	20				
AB I L I T	21	Escrow account liability Complete Part IV of Schedule			21				
	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	key employees, Complete Part II	; <i>,</i>					
1		of Schedule L	~		22				
E S	23	Secured mortgages and notes payable to unrelated th	ırd par	ties		23			
	24	Unsecured notes and loans payable		-	······································	24			
	25	Other liabilities Complete Part X of Schedule D			9,442.	25			182.
	26	Total liabilities. Add lines 17 through 25			29,885.	26		63,8	331.
Ę		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines					
		27 through 29 and lines 33 and 34.							
ASSETS	27	Unrestricted net assets			76,455.	27		30,5	
Ē	28	Temporarily restricted net assets.			108,941.	28		75 <u>,</u> (<u> 595.</u>
	29	Permanently restricted net assets		_		29			
R		Organizations that do not follow SFAS 117, check her	e ►	and complete					
Ķ		lines 30 through 34.							
Ž	30	Capital stock or trust principal, or current funds				30	_		
B	31	Paid-in or capital surplus, or land, building, and equip	ment fi	und		31			
おくしくえいせん	32	Retained earnings, endowment, accumulated income,	or oth	er funds	<u> </u>	32			
ç	33	Total net assets or fund balances.			185,396.	33		<u>45,1</u>	
	34	Total liabilities and net assets/fund balances.			215,281.	34	1	08,9) 41.
Pa	art X	Financial Statements and Reporting							
1	Ace	counting method used to prepare the Form 990	ash	X Accrual	Other			Yes	No
2		re the organization's financial statements compiled or r		•	ccountant?		2a	<u>X</u>	
		re the organization's financial statements audited by ar	•				2b	X	<u> </u>
	rev	Yes' to 2a or 2b, does the organization have a committed in the committed	tion of	f an independent accou	ntant?		2с		X
3	a As	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	ed to i	undergo an audit or aud	lits as set forth in the S	ıngle	3a		Х
		Yes,' did the organization undergo the required audit or	audits	7			3b		
BA		. seg also disparate and and required dudit of				-		990	(2008

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545 0047 2008

Open to Public Inspection

Name of the org	-							Employe	r identificat	on number		
	PPING_VIOLE								618891			
Part I R	leason for Pu	blic Charity Statu	is (All organizations	<u>must</u>	compl	ete thi	s part	.) (see	ınstru	ctions)		
The organiz	ation is not a priv	ate foundation becaus	se it is. (Please check on	ily one d	rganiza	tion)						
1 🗌 A	church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2 A	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3 A	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
4 A	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's											
	ame, city, and sta											
	n organization ope '0(b)(1)(A)(iv). (C		of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	ribed in se	ction	
			governmental unit describ					_				
7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n organization that section 170(h)(1)	it normally receives a (A)(vi). (Complete Pa	substantial part of its sup	oport fro	m a gov	ernmen	tal unit	or from	the gene	ral public d	lescrit	ed
	,		70(b)(1)(A)(vi). (Complete	e Part II)							
	-		1) more than 33-1/3 % of			contrib	utions	membei	shin fee	s and oros	s rece	eints
fro in	om activities relat vestment income	ed to its éxempt funct	ions — subject to certain ss taxable income (less s	exception	ns. and	(2) no r	nore th	an 33-1/	3 % of its	s support fi	rom a	ross
10 🗌 Ar	n organization org	anized and operated	exclusively to test for pul	blic safe	ty. See	section	509(a)(4	I). (see	ınstructio	ons)		
	ore publicly suppi	orted organizations di	exclusively for the benefi escribed in section 509(a ation and complete lines	1(1) or s	ection 5	09(a)(2)	tions of See s e	, or carr ection 5	y out the 09(a)(3).	purposes Check the	of one box t	e or hat
a	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											
thi												
f If	` ' ' '	eceived a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g Sı	nce August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?			
									-		Yes	No
(i)	below, the go	verning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		<u> </u>
(ii)	•	ber of a person descr	**							11 g (ii)		├
(ii	-	•	described in (i) or (ii) ab							11 g (iii)		L
h Pr	ovide the following	ig information about the	ne organizations the orga	nızatıon	suppor	s.			т			
(f) Na	ame of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	(v) Did y the organ col i your su	ization in (i) of	organizat (i) organi	s the ion in col zed in the 5 ?	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
			•									
			_									
									İ	· · · · · · · · · · · · · · · · · · ·		
					<u> </u>				<u> </u>			
	<u> </u>											
				1								
Total				<u> </u>	<u> </u>					200		
BAA For Po	rivacy Act and Pa	perwork Reduction A	ct Notice, see the Instruc	tions fo	r Form 9	90.		Schedul	e A (For	m 990 or 99	JU-LZ) 2008

Fal	(Complete only if you check	-				iid 170(b)(1	χαχνη	
Sec	tion A. Public Support	54 176 50% 577 1776	5, 7, 6, 6 6, 1					
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) T	otal
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) T	otal
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10				:			
12	Gross receipts from related activ	ities, etc (see ins	tructions)			_1	2	
13	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	tion's first, secon	nd, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support	Percentage					
	Public support percentage for 20 Public support percentage for 20	•	••	e 11, column (f)		<u> </u>	5	<u>%</u> %
	33-1/3 support test — 2008. If the and stop here. The organization	organization did	not check the bo		the line 14 is 33-1/			
t	33-1/3 support test – 2007. If the and stop here. The organization	organization did	not check a box	on line 13, or 16a,	and line 15 is 33-	1/3% or more,	check this bo	× -
17 a	10%-facts-and-circumstances teror more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop here	. Explain in Pai	rt IV how	- [
t	10%-facts-and-circumstances ter or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop here	. Explaın ın Paı	rt IV how the	► []
18	Private foundation. If the organiz	ation did not ched	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	box and see i	nstructions	▶ □
BAA					Sc	hedule A (Forr	n 990 or 990-	EZ) 2008

Page 3

Schedule A (Form 990 or 990-EZ) 2008 MEN STOPPING VIOLENCE, INC.

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.)

Sec	tion A. Public Support	Mod the box on mi	. <u></u>					
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	288,706.	149,143.	146,134.	315,546.	273,0		1,172,540.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	360,113.	386,730.	276,043.	88,990.	66,5		1,178,461.
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	300,113.	380,730.	270,043.		00,0	105.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
6	Total. Add lines 1-5	648,819.	535,873.	422,177.	404,536.	339,5	96.	2,351,001.
	Amounts included on lines 1, 2, 3 received from disqualified persons	. 0.	0.	0.	0.	33773	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11.							
	and 12 for the year or \$5,000	0.	0.	0.	0.		0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.		0.	0.
8	Public support (Subtract line							
	7c from line 6)							2,351,001.
<u>Sec</u>	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200		(f) Total
9	Amounts from line 6	648,819.	535,873.	422,177.	404,536.	339,5	96.	2,351,001.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	680.	1,313.	4,419.	-1,849.	-34,7	71	-30,208.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0.
	Add lines 10a and 10b	680.	1,313.	4,419.	-1,849.	-34,7	71.	-30,208.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV				97,127.	58,7	46.	155,873.
13 14	Total support. (add Ins 9, 10c, 11, and 12)	i :	1	1	E E			2,476,666.
	First five years. If the Form 990 a	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 50	1(c)(3) ▶□
Sec	organization, check this box and	stop here.		, third, fourth, or	fifth tax year as a	section 50	1(c)(3) ▶ □
	organization, check this box and tion C. Computation of Pu	stop here. Iblic Support F	Percentage		fifth tax year as a	section 50	_	
15	tion C. Computation of Pu Public support percentage for 20	stop here. Iblic Support F 08 (line 8, column	Percentage (f) divided by line	13, column (f))	fifth tax year as a	section 50	15	94.9%
15 16	organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	stop here blic Support F 08 (line 8, column 2007 Schedule A, I	Percentage (f) divided by line Part IV-A, line 27g	13, column (f))	fifth tax year as a	section 50	_	
15 16 Sec	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	stop here. Iblic Support F 08 (line 8, column 2007 Schedule A, I vestment Incor	Percentage (f) divided by line Part IV-A, line 27g me Percentage	13, column (f))		section 50	15 16	94.9%
15 16 Sec 17	reganization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from	stop here. Iblic Support F 08 (line 8, column 2007 Schedule A, I vestment Incor or 2008 (line 10c, co	Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided	13, column (f))		section 50	15 16	94.9 % 99.6 % 0.0 %
15 16 Sec 17 18	reganization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 2 Investment income percentage from 2 Investment income percentage from 2 Investment income percentage from 3	stop here. Iblic Support F 08 (line 8, column 2007 Schedule A, I Vestment Incol or 2008 (line 10c, c rom 2007 Schedule	Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided e A, Part IV-A, line	13, column (f)) 2 by line 13, column	n (f))		15 16 17 18	94.9 % 99.6 % 0.0 % 0.4 %
15 16 Sec 17 18 19a	Public support percentage for 20 Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 33-1/3 support tests — 2008. If the more than 33-1/3%, check this be	stop here. Iblic Support F 08 (line 8, column 2007 Schedule A, I Vestment Incor or 2008 (line 10c, com 2007 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided e A, Part IV-A, line not check the box The organization of	13, column (f)) by line 13, column 27h on line 14, and lipalifies as a publ	n (f)) line 15 is more thicly supported org	an 33-1/3%, ganization	15 16 17 18 and	94.9% 99.6% 0.0% 0.4% Une 17 is not
15 16 Sec 17 18 19a	rganization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 2 Investment income percentage from 2 33-1/3 support tests — 2008. If the	stop here. Iblic Support F 08 (line 8, column 2007 Schedule A, I vestment Incorpor 2008 (line 10c, com 2007 Schedule e organization did ox and stop here. e organization did this box and stop	Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided e A, Part IV-A, line not check the box The organization of here. The organiz	13, column (f)) by line 13, column 27h c on line 14, and qualifies as a publen line 14 or 19a, attorn qualifies as	n (f)) line 15 is more th icly supported org and line 16 is mor a publicly support	an 33-1/3%, ganization re than 33-1 ed organiza	15 16 17 18 and	94.9% 99.6% 0.0% 0.4% Une 17 is not

Schedule A	(Form 990	or 990-E	Z) 2008	MEN	STOPE	'ING V	/IOLENCE	I, INC.		58-16	18891	Page 4
Part IV	Suppler	nental I	nforma	ition <u>.</u> C	omple	te this	part to p	rovide the	e explanati	58-16 ion required by I information. (Part II, line	10;
	Part II, I	ine 1/a	or 1/b	; or Pa	rt III, I	ne 12.	Provide	any otnei	r additiona	information.	see instruct	tions)
							- 				. 	
												
	_											
											. 	 -
		-				. — -	· -		_ _ .			-
				· <u>-</u>								
BAA						Т	EEA0404L 10/	/07/08		Schedule A (Form 990 or 99	90-EZ) 2008

2008 Schedule A, Part IV - Supplemental Information						P	age 5	
MEN STOPPING VIOLENCE, INC.								618891
Part III, Line 12 - Other Income								
Nature and Source	200	8	2007	2006		2005	2004	
	1 \$	0. \$		\$	0. \$	0.	\$	0.
ļ								
;								
						ı		

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Name of the organization	103, 10 1 01111 000, 1 01111, 111103 0, 7, 0, 0, 111, 111,	Employer Identif	ication number			
MEN STOPPING VIOLENCE, INC.		' '	58-1618891			
	r Advised Funds or Other Similar Ful to Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b) Funds and othe	r accounts			
1 Total number at end of year						
2 Aggregate contributions to (during year)						
3 Aggregate grants from (during year)						
4 Aggregate value at end of year						
5 Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in don o the organization's exclusive legal control?	or advised	s No			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Yes No						
Part II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV,	line 7.			
1 Purpose(s) of conservation easements held by	the organization (check all that apply).					
Preservation of land for public use (e.g , re	ecreation or pleasure) Preservation o	f an historically important la	and area			
Protection of natural habitat	Preservation o	f certified historic structure				
Preservation of open space						
2 Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the form of		·			
Talaha a haraɗa a a harada a h			nd of the Year			
a Total number of conservation easements		2a				
b Total acreage restricted by conservation easer		2b 2c				
 c Number of conservation easements on a certified Number of conservation easements included in 	• •	2d				
3 Number of conservation easements modified,	• • •		a the tayable			
year ►	ransierred, released, extinguished, or terminate	d by the organization dumi	g the taxable			
4 Number of states where property subject to co	nservation easement is located ►	-				
5 Does the organization have a written policy rec enforcement of the conservation easement it h	arding the periodic monitoring, inspection, viola olds?	tions, and Ye	s No			
6 Staff or volunteer hours devoted to monitoring	inspecting, and enforcing easements during the	year ►	_			
7 Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the ye	ear ► \$				
8 Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect	ion Ye	s 🗌 No			
9 In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and othe organization's financial statements that des					
Part III Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Asset 8.	S			
1a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	c exhibition, education, or research in furtheran	it and balance sheet works ce of public service, provide	of art, historical e, in Part XIV,			
b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items.	SFAS 116, not to report in its revenue statemer c exhibition, education, or research in furtheran					
(i) Revenues included in Form 990, Part VIII,	line 1	► \$	· · · · · · · · · · · · · · · · · · ·			
(ii) Assets included in Form 990, Part X		► \$				
2 If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other similar assets for 116 relating to these items	financial gain, provide the	following			
a Revenues included in Form 990, Part VIII, line	1	► \$				
b Assets included in Form 990, Part X		▶ \$				

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

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 MEN					58-161		ge 2
Part III Organizations Mainta	aining Collec	tions of A	Art, Histor	ical Treasures,	<u>or Other Similar As</u>	sets (continued	<u>d)</u>
3 Using the organization's accession that apply).	on and other red	ords, check	_	_	gnificant use of its collec	tion items (check a	all
a Public exhibition d Loan or exchange programs							
b Scholarly research e Other							
c Preservation for future gener							
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 organiza assets to be sold to raise funds i	ition solicit or re rather than to be	ceive donatii : maintained	ons of art, file as part of the	istoricai treasures, o le organization's coll	r otner similar lection?	Yes No	0
Part IV Trust, Escrow and Co	u stodial Arra I an amount (ngement on Form 9	S Complet 90, Part >	e if organization (, line 21.	answered 'Yes' to	Form 990, Part	t
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other inte	rmediary for	contributions or oth	er assets not	Yes No	o
b If 'Yes,' explain the arrangement	in Part XIV and	complete th	e following t	able.	 		
						Amount	
c Beginning balance					1c		
d Additions during the year					1d		—
e Distributions during the year					1e		
f Ending balance		000 0-4 0	l 212		11		
2a Did the organization include an a		990, Part X,	line 217			∐ Yes	D
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		nanization	answered	'Yes' to Form	990 Part IV line 10)	
El art y Eliaovilloit i aliao o	(a) Current ye	i i	b) Prior year	(c) Two years bac		(e) Four years back	k
1 a Beginning of year balance	(1)	,	·/				
b Contributions			****				
c Investment earnings or losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentag	e of the year en	d balance he	eld as.				
a Board designated or quasi-endov	wment ►		ł .				
b Permanent endowment ►							
c Term endowment	<u> </u> %						
3a Are there endowment funds not a organization by	n the possession	n of the orga	inization that	t are held and admir	nistered for the	Yes No	<u> </u>
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(n), are the related of	organizations list	ed as requir	ed on Sched	lule R?		3b	
4 Describe in Part XIV the intender							
Part VI Investments—Land, E					X, line 10.		
Description of investmen	t (a) Cost or oth (investm		(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value	
1 a Land	<u> </u>						
b Buildings	-			- 			
c Leasehold improvements	-			_ 			
d Equipment	 			CE 022	62,000	1 04	_
e Other		000 5 4 4		65,833.	63,989.	1,84	
Total. Add lines 1a-1e (Column (d) sho	oula equal Form	990, Part X,	column (B),	line IU(c))		1,84	_
BAA					Sched	dule D (Form 990) 2	סטט

Schedule D (Form 990) 2008 MEN STOPPING VIOL	ENCE, INC.	58-16	18891 Page 3
Part VII Investments-Other Securities See F	T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products		Cost of Cha of year ma	Thet Value
Closely-held equity interests			
Other			
Total (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See		ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	rket value
			· • • • • · · · · · · · · · · · · · · ·
		··· · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15)	2 (3)	
	scription		(b) Book value
Rounding			2.
SECURITY DEPOSIT			9,376.
SPLIT INTEREST AGREEMENT			52,183.
			
Table Oil and An Table Cale and an addition of Community and Vision	(D) 1 15)	.	61 561
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part			61,561.
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) Amount	 	
V-DAY LIABILITY (FISCAL SPONSORSHIP)	5,182	, 	
V DAT BIABIETT (TIOCHE STONSONSHIT)	3,10	- 	
		=	
		 [
		-	
			
		7	
	- 	[
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25)	► 5,182	2.	
In Part XIV, provide the text of the footnote to the organizat			ty for uncertain tax
positions under FIN 48.			
BAA	TEEA3303L 10/29/08	Sch	edule D (Form 990) 2008

hedule D (Form 990) 2008 MEN STOPPING VIOLENCE, INC. art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	58-16188	391 Pag
1 Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	363,57
2 Total expenses (Form 990, Part IX, column (A), line 25)		503,85
3 Excess or (deficit) for the year. Subtract line 2 from line 1		-140,28
Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8		
Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-140,28
art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements.	1	363,57
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	⊣ 1	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants	- 1	
d Other (Describe in Part XIV).	-	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	363,57
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIV).	-	
c Add lines 4a and 4b	4c	
Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	363,57
art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		F02 0F
1 Total expenses and losses per audited financial statements	1	503,85
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	-	
a Donated services and use of facilities		
b Prior year adjustments 2b	-	
c Losses reported on Form 990, Part IX, line 25.	_	
d Other (Describe in Part XIV)	-	
e Add lines 2a through 2d	2e	500.05
3 Subtract line 2e from line 1	3	503,85
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	-	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	503,85
art XIV Supplemental Information		
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV e 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	, lines 1b ar	nd 2b, Part V,
		D (Form 990) 2

Schedule D	(Form 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
,		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Department of the Treasury

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

Open to Public

Internal Revenue Service	or 19, an	io by organizati	ons that e	nter more	than \$15,000 on Form:	99U-EZ, I	ine oa.	Inspection
Name of the organization							Employer identifica	ation number
MEN STOPPING V	IOLENCE, IN	NC.	_				58-161889	1
Part I Fundraisi	ng Activities.	Complete if	the orga	anızatior	n answered 'Yes' to	o Form	990, Part I\	/, line 17.
1 Indicate whether Mail solicitation	-	aised funds thro	ough any	of the follo	owing activities. Check a			
Email solicita	tions				Solicitation of gove	rnment o	grants	
Phone solicit	ations				Special fundraising	events		
In-person sol	icitations							
employees listed	ın Form 990, Part	t VII) or entity in	r connectí	on with pro	il (including officers, dire ofessional fundraising s	ervices?	-	Yes X No
b If 'Yes,' list the te compensated at I	in highest paid inc east \$5,000 by the	dividuals or enti e organization.	ties (fundr Form 9901	aisers) pu EZ filers a	rsuant to agreements u re not required to comp	inder whi lete this	ich the fundrais table	er is to be
		1	1		i i i i i i i i i i i i i i i i i i i		nount paid to	
(i) Name of in or entity (fun		(ii) Activity	have custoo	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(or r	retained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		l						
	-							
			:					
						<u> </u>		
	_					<u> </u>		
						ļ		
Total				•				0.
	hich the organiza	ition is registere	ed or licen	sed to soli	cit funds or has been no	otified it	is exempt from	
						- -		
					. 			

Pai	T ##]	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line (answered 'Yes' to F 6a. List events with	form 990, Part IV, aross receipts are	line 18, eater th	or an \$5.	000.
			(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 SPRING CONCERT (event type)	(c) Other Events	(d) To (Add co	otal Eve l. (a) th ol. (c))	nts
RE>E20E	1	Gross receipts	105,607.	5,831.			111,	438.
E	2	Less. Charitable contributions.						
	3	Gross revenue (line 1 minus line 2)	105,607.	5,831.			111,	438.
	4	Cash prizes						
D-RECT	5	Non-cash prizes						
	6	Rent/facility costs						
EXPENSES	7	Other direct expenses	51,430.	1,262.			52,	692.
E S		Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar	•		•			692. 746.
Par		Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	eported		
REVENUE		фто,оос онт онн эзо <u>Е</u> Е, шо ос	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) To (Add co	otal gam I. (a) th ol. (c))	ing rough
N E	1	Gross revenue						
	2	Cash prizes						
DIRECT	3	Non-cash prizes			_			
CSTES	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes% No	Yes%			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine li	nes 1 and 7 in column ((d)				
9	Ente	er the state(s) in which the organization opi	erates gaming activities	i			YES	NO
		ne organization licensed to operate gaming o,' Explain	activities in each of the	ese states?		_ -	a	├
		e any of the organization's gaming licenses es,' Explain.	s revoked, suspended o	or terminated during the	tax year?	10)a	
44						 		
11		s the organization operate gaming activities ne organization a grantor, beneficiary or tru ninister charitable gaming?		mber of a partnership or	other entity formed to	11	1	\vdash
BAA		iinister charitable gaming?	TEEA3702L (Schedule G (Fo	12 rm 990 oi		<u> </u> 2) 2008

Schedule G (Form 990 or 990-EZ) 2008 MEN STOPPING	VIOLENCE, INC.	28-101889	'Ι	Р	age 3
				YES	NO
13 Indicate the percentage of gaming activity operated in.					
a The organization's facility		13a %			
b An outside facility		13b %			
14 Provide the name and address of the person who prepar	res the organization's gaming/spe	cial events books and records:			
Name					
Address		•			
Address -					
15a Does the organization have a contact with a third party fr	rom whom the organization receiv	ras gaming ravanua?	15a	ı	
b If 'Yes,' enter the amount of gaming revenue received by			154		
of gaming revenue retained by the third party \$		and the amount			
c If 'Yes,' enter name and address					
•					
Name. ►					
				- 1	
Address -				,	
16 Gaming manager information				ı	
				ı	
Name					
Gaming manager compensation ► \$					
Garning manager compensation - 5					
Description of services provided. ►					
bescription of services provided.					
Director/officer Employee	Independent contrac	etor		1	
	ш .				
17 Mandatory distributions				I	
a Is the organization required under state law to make cha	critable distributions from the dam	ing proceeds to retain the		I	
state gaming license?	and another from the game		17a		
b Enter the amount of distributions required under state law	w distributed to other exempt orga	anizations or spent in the			
organization's own exempt activities during the tax year.	<u>▶ \$</u>				
BAA	TEEA3703L 07/18/08	Schedule G (Form 99	0 or 99	0-EZ)	2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization	Employer identification number
MEN STOPPING VIOLENCE, INC.	58-1618891
Form 990, Part III, Line 4d - Other Program Services Description	
INTERNSHIP: THIS PROGRAM IS FOR YOUNG MEN WHO ARE INTERESTED	IN BEING ACTIVE ALLIES
IN THE WORK TO END VIOLENCE AGAINST WOMEN. MSV PROVIDES MENTO	RS AND SUPPORT YOUNG
MEN WHILE THEY DO SELF-EXAMINATION WORK AND ADVOCACY.	
MENTORING: MSV'S MENTOR TRAINING PROJECT WAS DEVELOPED TO TRAIN	N MEN TO MORE
EFFECTIVELY MENTOR BOYS BY EXAMINING AND CHALLENGING CRIPPLING	DEFINITIONS OF
MANHOOD.	
Form 990, Part VI, Line 10 - Form 990 Review Process	·
FORM 990 PROVIDED IN PDF FORMAT FOR REVIEW.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	,
PROVIDED UPON REQUEST IN PDF FORMAT.	
	·