

# Return of Organization Exempt From Income Tax

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print of type See Specific Instructions	<b>C</b> Name of organization <b>DOMESTIC VIOLENCE CRISIS CENTER, INC.</b>		<b>D</b> Employer identification number <b>06-1057356</b>
		Number and street (or P O box if mail is not delivered to street address) <b>5 EVERSLEY AVENUE</b>		Room/suite <b>E Telephone number</b> <b>203-853-0418</b>
		City or town, state or country, and ZIP + 4 <b>NORWALK, CT 06851</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <b>▶</b>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes" enter number of affiliates **▶**

**G** Web site **▶ N/A**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**H(c)** Are all affiliates included? **N/A**  Yes  No (if "No" attach a list)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

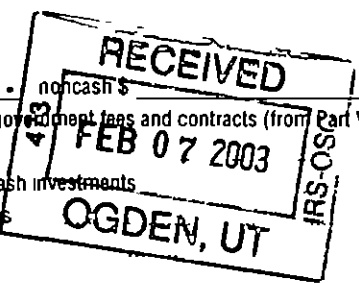
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,310,523.**

**I** Enter 4-digit GEN **▶**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED FEB 18 03



<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ <b>1,161,128.</b> non-cash \$ <b>0.</b> ) 2 Program service revenue including government fees and contracts (from Part VII line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents b Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe <b>▶</b> ) 8 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	1a	481,665.				
		1b	210,220.			
		1c	469,243.			
		1d				1,161,128.
		2				34,817.
		3				
		4				4,893.
		5				
		6a				
		6b				
		6c				
		7				
	(A) Securities		(B) Other			
	8a					
	8b					
	8c					
	8d					
	9a	108,878.				
	9b	21,904.				
	9c	SEE STATEMENT 1			86,974.	
	10a	807.				
	10b	401.				
	10c	STMT 2			406.	
	11					
	12				1,288,218.	
<b>Expenses</b> 13 Program services (from line 44 column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A))	13				1,028,337.	
	14				79,576.	
	15				91,001.	
	16					
	17					1,198,914.
<b>Net Assets</b> 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	18				89,304.	
	19				689,192.	
	20				SEE STATEMENT 3	-193,695.
	21					584,801.

913  
12

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	71,500.	50,050.	10,725.	10,725.
26	Other salaries and wages	692,127.	617,445.	33,122.	41,560.
27	Pension plan contributions				
28	Other employee benefits	72,478.	61,541.	6,140.	4,797.
29	Payroll taxes	58,870.	51,459.	3,392.	4,019.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	4,343.	4,258.	39.	46.
34	Telephone	15,381.	13,590.	820.	971.
35	Postage and shipping				
36	Occupancy	115,052.	104,542.	4,811.	5,699.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	9,028.	6,898.	1,975.	155.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	21,744.	19,917.	828.	999.
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 4	138,391.	98,637.	17,724.	22,030.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.	1,198,914.	1,028,337.	79,576.	91,001.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

<b>a</b>	<b>SHELTER FOR ABUSED WOMEN AND THEIR CHILDREN</b>				
		(Grants and allocations \$ _____)			315,185.
<b>b</b>	<b>COUNSELING FOR ABUSE VICTIMS AND THEIR FAMILIES</b>				
		(Grants and allocations \$ _____)			307,707.
<b>c</b>	<b>COMMUNITY EDUCATION - ABUSE PREVENTION EDUCATION</b>				
		(Grants and allocations \$ _____)			252,860.
<b>d</b>	<b>VICTIM ADVOCACY - SUPPORT SERVICES</b>				
		(Grants and allocations \$ _____)			152,585.
<b>e</b>	Other program services (attach schedule)				
		(Grants and allocations \$ _____)			
<b>f</b>	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>				<b>1,028,337.</b>

**Part IV** Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	22,164.	45	3,808.
	46 Savings and temporary cash investments	290,033.	46	396,225.
	47 a Accounts receivable	4,690.		
	47 b Less allowance for doubtful accounts		3,156.	4,690.
	48 a Pledges receivable	40,887.		
	48 b Less allowance for doubtful accounts		8,484.	40,887.
	49 Grants receivable	54,906.	49	34,134.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	16,907.	53	23,760.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	55 b Less accumulated depreciation			
56 Investments - other		56		
57 a Land, buildings, and equipment basis	274,960.			
57 b Less accumulated depreciation STMT 6	143,718.			
58 Other assets (describe SEE STATEMENT 7 )	11,615.	58	11,615.	
59 Total assets (add lines 45 through 58) (must equal line 74)	747,236.	59	646,361.	
Liabilities	60 Accounts payable and accrued expenses	58,044.	60	61,560.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
	65 Other liabilities (describe )		65	
66 Total liabilities (add lines 60 through 65)	58,044.	66	61,560.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	642,567.	67	506,312.
	68 Temporarily restricted	41,625.	68	73,489.
	69 Permanently restricted	5,000.	69	5,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	689,192.	73	584,801.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	747,236.	74	646,361.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>G W S INC.</b>		
		and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	20,657.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations	85a	N/A
a	Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations	86a	N/A
a	Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations	87a	N/A
a	Enter a Gross income from 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)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations	Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>	
b	501(c)(3) and 501(c)(4) organizations	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <b>CONNECTICUT</b>	90b	28
b	Number of employees employed in the pay period that includes March 12, 2001		
91	The books are in care of <b>DOMESTIC VIOLENCE CRISIS CENTER INC</b> Telephone no <b>203-886-0418</b>		
	Located at <b>5 EVERSLEY AVE. NORWALK, CT</b> ZIP + 4 <b>06851</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM AND OTHER FEES					34,817.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,893.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03	86,974.	
102 Gross profit or (loss) from sales of inventory			01	406.	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		92,273.	34,817.
105 Total (add line 104, columns (B), (D), and (E))					127,090.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	COUNSELING FEES CHARGED TO VICTIMS OF DOMESTIC ABUSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct information of which preparer has any knowledge.

12/18/03 MARY WATSON-STRIKULA, EXEC DIRECTOR

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization

DOMESTIC VIOLENCE CRISIS CENTER, INC.

Employer identification number

06 1057356

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships student loans, etc ? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,236,342.	1,101,765.	997,862.	861,763.	4,197,732.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	31,551.	42,527.	39,019.	23,461.	136,558.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,941.	1,359.	3,090.	1,422.	11,812.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	67,873.	52,108.	SEE STATEMENT 10		119,981.
23 Total of lines 15 through 22	1,341,707.	1,197,759.	1,039,971.	886,646.	4,466,083.
24 Line 23 minus line 17	1,310,156.	1,155,232.	1,000,952.	863,185.	4,329,525.
25 Enter 1% of line 23	13,417.	11,978.	10,400.	8,866.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶ 26a	86,591.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶ 26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		▶ 26c	4,329,525.
d Add: Amounts from column (e) for lines 18 <u>11,812.</u> 19 _____ 22 <u>119,981.</u> 26b _____		▶ 26d	131,793.
e Public support (line 26c minus line 26d total)		▶ 26e	4,197,732.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	96.9559%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		▶ 27c	N/A	
d Add: Line 27a total _____ and line 27b total _____		▶ 27d	N/A	
e Public support (line 27c total minus line 27d total)		▶ 27e	N/A	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):	▶ 27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27g	N/A %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶ 27h	N/A %	

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No" please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials or a legislative body			
h Rallies, demonstrations, seminars, conventions speeches lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	SHELTER FURN & FIXT	VARIES		.000	16	9,222.			9,222.	3,942.		601.
2	SHELTER IMPROVEMENTS	VARIES		.000	16	93,911.			93,911.	38,203.		6,529.
3	LEASEHOLD IMPROVEMENTS	VARIES		.000	16	59,261.			59,261.	7,408.		4,938.
4	EQUIPMENT	VARIES		.000	16	12,993.			12,993.	12,993.		0.
5	COMPUTER EQUIP	VARIES		.000	16	49,312.			49,312.	25,465.		6,236.
6	OFFICE FURN & FIXT	VARIES		.000	16	50,261.			50,261.	33,963.		3,440.
	* TOTAL 990 PAGE 2 DEPR					274,960.		0.	274,960.	121,974.	0.	21,744.

(D) - Asset disposed

FORM 990

## SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

<u>DESCRIPTION OF EVENT</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUT. INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	108,878.		108,878.	21,904.	86,974.
TO FM 990, PART I, LINE 9	108,878.		108,878.	21,904.	86,974.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	807	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		807
4. COST OF GOODS SOLD (LINE 13) . . . . .	401	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		406

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	401	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		401
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		401

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
DEPRECIATION ON AFFILIATES BUILDING INCLUDED IN CONSOLIDATED FINANCIAL	-7,481.
NET BOOK VALUE OF ASSETS OF AFFILIATE	-186,214.
TOTAL TO FORM 990, PART I, LINE 20	-193,695.

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING & PUBLIC RELATIONS	5,269.	1,728.	1,808.	1,733.
CLIENT SERVICES	2,597.	2,597.		
CONTRACT SERVICES	19,082.	17,707.	629.	746.
DUES & SUBSCRIPTIONS	8,676.	3,859.	4,460.	357.
INSURANCE	19,699.	17,219.	1,135.	1,345.
MISCELLANEOUS	1,860.		1,860.	
PROFESSIONAL FEES	10,151.	8,742.	726.	683.
REPAIRS & MAINTENANCE	10,801.	9,450.	1,351.	
OFFICE SUPPLIES	12,182.	10,474.	1,133.	575.
FUND-RAISING EVENTS	7,731.			7,731.
CLIENT SCHOLARSHIPS	4,800.	4,800.		
CONFERENCES AND TRAINING	9,123.	5,617.	2,540.	966.
LEASED EQUIPMENT	9,907.	8,660.	571.	676.
POSTAGE AND PRINTING	16,513.	7,784.	1,511.	7,218.
TOTAL TO FM 990, LN 43	138,391.	98,637.	17,724.	22,030.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	5
	PART III		

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## EXPLANATION

TO PROVIDE SHELTER, COUNSELING & PREVENTION SERVICES TO VICTIMS OF DOMESTIC VIOLENCE.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SHELTER FURN & FIXT	9,222.	4,543.	4,679.
SHELTER IMPROVEMENTS	93,911.	44,732.	49,179.
LEASEHOLD IMPROVEMENTS	59,261.	12,346.	46,915.
EQUIPMENT	12,993.	12,993.	0.
COMPUTER EQUIP	49,312.	31,701.	17,611.
OFFICE FURN & FIXT	50,261.	37,403.	12,858.
TOTAL TO FORM 990, PART IV, LN 57	274,960.	143,718.	131,242.

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FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
SECURITY DEPOSITS	6,615.
CASH RESTRICTED FR LONG-TERM INVESTMENT	5,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	11,615.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
COST OF DIRECT BENEFITS TO DONORS	21,904.
DIRECT COST OF SALES TO PUBLIC	401.
TOTAL TO FORM 990, PART IV-A	22,305.

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
COST OF DIRECT BENEFITS TO DONORS	21,904.
DIRECT COST OF SALES TO PUBLIC	401.
DEPRECIATION ON AFFILIATES BUILDING INCLUDED IN CONSOLIDATED FINANCIAL	7,481.
TOTAL TO FORM 990, PART IV-B	29,786.

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SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
SPECIAL EVENTS	65,142.	52,108.	0.	0.
SALE OF INVENTORY	219.	0.	0.	0.
MISC	2,512.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	67,873.	52,108.	0.	0.

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions Attach to your tax return

Name(s) shown on return: DOMESTIC VIOLENCE CRISIS CENTER, INC. Business or activity to which this form relates: FORM 990 PAGE 2 Identifying number: 06-1057356

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses 1 24,000.
2 Total cost of section 179 property placed in service (see instructions) 2
3 Threshold cost of section 179 property before reduction in limitation 3 \$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 4
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions 5
6 (a) Description of property (b) Cost (business use only) (c) Elected cost
7 Listed property Enter amount from line 29 7
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8
9 Tentative deduction Enter the smaller of line 5 or line 8 9
10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562 10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12
13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12 13

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10 2001 (see instructions) 14
15 Property subject to section 168(f)(1) election (see instructions) 15
16 Other depreciation (including ACRS) (see instructions) 16 21,744.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2001 17
18 If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3 year property, 5 year property, 7 year property, 10 year property, 15 year property, 20 year property, 25 year property, Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

Table with 6 columns: 20a Class life, b 12 year, c 40 year, S/L, S/L, MM, S/L.

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28 21
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr 22 21,744.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

# DVCC

## Board of Directors

(Revised 6/10/02)

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS ADDRESS</u>	<u>PHONE NUMBER</u>	<u>E-MAIL ADDRESS</u>
Dede Bartlett Exp.9/04	151 Woodridge Drive New Canaan, CT 06840	Dede Bartlett Suite 3900 200 Park Avenue New York, N.Y. 10166 (As of 6/29/02)	H 203-966-8948 F 203-966-4009 W 212-808-2489 F 212-808-2491 (As of 6/29/02)	dede@deditbartlett.com
Carrie Bernier (Secretary) Term exp. Exp 9/04	22 Fairfield Ave. Darien, CT 06820	State's Attorney's Office Stamford Criminal Court 223 Hoyt Street Stamford, CT 06905 (Prosecutor)	H 203-656-1806 W 203-965-5384 F 203-356-0304	Carriebernier@hotmail.com
Jane Carlin (President) Term Exp Exp.1/03	37 Cascade Road Stamford, CT 06903	Professor/Academic Advisor Sacred Heart University	H 203-329-0869 F 203-321-1091	DVCCprez@aol.com
Francine Castle Exp 1/03	39 Ledgebrook Drive Norwalk, CT 06854	Personal Image Day Spa (Owner)	H 203-852-1929 W 203-834-2879	pimagespa@aol.com
Elizabeth Ceruto Exp. 11/04	291 Hope Street A3 Stamford, CT 06906	Deloitte & Touche (Senior Manager)	H 203-964-8034 W 203-708-4494 F 203-705-5040	Eceruto@deloitte.com
Laura Collins Exp. 12/04	46 Barnswallow Dr Trumbull, CT 06611		H 203-261-1546	Lincoln.collins@snet.net
Ruth Frantz Exp 9/03	80 Easton Road Westport, CT 06880	Clairol Director One Blachley Road Stamford, CT 06922	H 203-454-9506 W 203-316-2430 F 203-222-7123	Frantzrp@pg.com
Karen Joelson (Immediate past officer) Exp	28 Colony Road Westport, CT 06880	Professional Volunteer	H 203-227-5850 F 203-227-3659	Kajoelson@cs.com
Deb Laurino Exp.1/04	9 Thomas Place Rowayton, CT 06853	DDL Designs 9 Thomas Place Rowayton, CT 06853 (President)	H 203-831-0867 W 203-831-0847 Same work and fax F 203-831-0847	dlaurino@optonline.net
Natasha Lipcan Exp 1/03	201 W 74 <sup>th</sup> Street Apartment 11F New York, NY 10023 (DO NOT SEND MAIL TO HOME ADDRESS)	Day, Berry & Howard, LLP One Canterbury Green Stamford, CT 06901 (Attorney at Law)	H 212-579-1879 W 203-977-7304 F 203-977-7301	Nmlipcan@db.com

Ellen B. Lubell Exp 2003	171 Bayberry Lane Westport, CT 06880 (DO NOT SEND MAIL TO HOME ADDRESS)	Weisman & Lubell P O. Box 3184 5 Sylvan Road South Westport, CT 06880 (Attorney at Law)	H 203-222-0423 W 203-226-8307 F 203-221-7279	<u>EllenLubell@S NET NET</u>
Denise Mangano (Treasurer) Term exp 5/02 Exp 1/04	421 Ocean Drive West Stamford, CT 06902	Professional Volunteer	H 203-323-7369 F 203-323-4660	<u>DKMangano9 @aol.com</u>
Christina McIntyre  Exp.1/05	77 Lockwood Road Riverside, CT 06878		H 203-637-0771	<u>Mc177@ optonline net</u>
Patrick W Morris, Jr  Exp 11/04	198 Wolfpit Avenue Norwalk, CT 06851		H 203-846-1747 W 203-854-9215 F 203-854-9215	<u>Morris55@opt online net</u>
Melinda Nelson  Exp 9/03	40 West Elm Avenue, 6J Greenwich, CT 06830	IBM 1133 Westchester Ave White Plains, NY 10604 (Marketing- Communications Manager) (DO NOT SEND MAIL TO WORK ADDRESS)	W 914-642-6768 H 203-422-6045 <i>cell 203-954-7678</i>	<u>Mndyn20@hot mail.com</u>
Carolyn Ryzewicz (Vice-President) Term exp Exp 1/05	5 Blue Mountain Ridge Norwalk, CT 06851	New Canaan and Darien Magazine 41 Grove Street New Canaan, CT 06840	H 203-845-0698 W 203-966-0077 Ext 13 F 203-972-7253	<u>Carolynryzewi cz@hotmail co m</u>
Fay Stevenson Smith  Exp 4/05	353 Chestnut Hill Road Wilton, CT 06897		H 203-834-0404	<u>FSS311@aol c om</u>
Patricia Ward  Exp 11/04	95 Five Mile River Rd Darien, CT 06820		H 203-655-2626	<u>gojets@javanet com</u>
John Watkins  Exp 1/03	254 Long Close Road Stamford, CT 06902	ABC National TV Sales 77 West 66th Street NYC, NY 10019 (President)	H 203-323-1073 W 212-456-7297 F 212-456-7650	<u>John b Watkins @ABC com</u>
Mary Watson Strubula (Ex Officio non voting member)	177 Mamasco Road Ridgefield, CT 06877	DVCC 5 Eversley Ave Norwalk, CT 06851 (Executive Director)	H 203-894-8588 W 203-853-0418 P 203-831-4910	<u>mwatson@dvc cct org</u>
Robin Woods  Exp 1/04	174 Mansfield Avenue Darien, CT 06820	Professional Volunteer	H 203-655-2381 F 203-655-0652	<u>RWoods1190 @aol com</u>

Patti Wrobel Exp.1/03	39 Ridge Lane Wilton, CT 06897	Doncaster Fashion 39 Ridge Lane Wilton, CT 06897 (Consultant)	H 761-0079 W 761-0079 F 563-0812	Pattiwrobel@ yahoo.com
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Joanne Walsh (Chairperson, wine tasting/auction- March 7,2002)	28 Stonehouse Road Trumbull, CT 06611	Hamilton Partners One Gorham Island Westport, CT 06880	H 203-459-9366 W 203-221-9111 F 203-221-9190	Jwalsh@hamilt onpartners.cc
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### ADVISORY BOARD

Susan Bell	688 North Wilton Ave New Canaan, CT 06840	Professional Volunteer	H 972-3705 F 972-0129	
Adele Gordon	211 West Lane Stamford, CT 06905	Professional Volunteer	H 325-3323 F 323-3245	<u>Adeleg@home</u> <u>.com</u>
Rose Marie Grosso	20 Bend of River Lane Stamford, CT 06902	Image Graphics 917 Bridgeport Ave Shelton, CT 06484 (Financial Consultant)	H 324-6580 W 926-0100 F 324-9843	RmGrosso@op tonline net
Diana Jepsen	171 Courtland Avenue Stamford, CT 06906	GE Capital Long Ridge Road Stamford, CT	H 327-3793 W 316-7842	
Barry Kramer	57 Urban Street Stamford, CT06905 <u>PLEASE SEND TO</u> <u>HOME ADDRESS</u>	Mailing Address NYSCO Products, LLC , 2350 Lafayette Avenue Bronx, NY 10473 (CEO) do not send to work address	H 967-4337 W 1-800-296- 9726 F 1-718-792- 7732	<u>BKramer@NY</u> <u>SCO com</u>
Patricia C Phillips	130 Wallacks Point Stamford, Ct 06902			
Janet Weintraub	25 Forest Street Apt 18B Stamford, CT 06901- 1854	Registrar of Voters City of Stamford 888 Washington Boulevard Stamford, CT 06901	H 322-3657 W 977-4011 F 977-5563 (W)	

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

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

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

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>DOMESTIC VIOLENCE CRISIS CENTER, INC.</b>	Employer identification number <b>06-1057356</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>5 EVERSLEY AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NORWALK, CT 06851</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning JUL 1, 2001, and ending JUN 30, 2002

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

3a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_