

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

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 beginning 7/01, 2001, and ending 6/30, 20 02

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tionsSTAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S
P O BOX 6406
CONCORD, CA 94524

D Employer Identification Number

94-2476576

E Telephone number

(925) 603-0145

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶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 ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If no, attach a list. See instructions.)

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

I Enter 4-digit group GEN ▶

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

G Web site ▶ WWW STANDAGAINSTDV.ORG

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,563,008

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 1,171,136

b Indirect public support

1b 118,857

c Government contributions (grants)

1c 2,484,056

d Total (add lines 1a through 1c) (cash \$ 3,591,132 noncash \$ 182,917)

1d 3,774,049

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 471,435

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5 42,763

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

809,301

8a

182,917

b Less cost or other basis and sales expenses

806,594

8b

219,539

c Gain or (loss) (attach schedule) STATEMENT 1

2,707

8c

-36,622

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

-33,915

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions

9a 281,335

reported on line 1a)

b Less direct expenses other than fundraising expenses

9b 51,510

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c 229,825

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11 1,208

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 4,485,365

13 Program services (from line 44, column (B))

13 4,085,946

14 Management and general (from line 44, column (C))

14 502,790

15 Fundraising (from line 44, column (D))

15 547,083

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 5,135,819

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -650,454

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 4,229,748

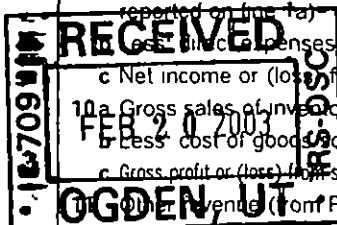
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3

20 -85,633

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 3,493,661

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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 (att sch) (cash \$ _____ non cash \$ _____) | 22 | | | |
| 23 | Specific assistance to individuals (att sch) | 23 | | | |
| 24 | Benefits paid to or for members (att sch) | 24 | | | |
| 25 | Compensation of officers, directors, etc | 25 | 369,589 | 85,852 | 183,327 |
| 26 | Other salaries and wages | 26 | 2,833,207 | 2,596,695 | 84,233 |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | 230,168 | 195,338 | 18,180 |
| 29 | Payroll taxes | 29 | 253,225 | 215,241 | 20,258 |
| 30 | Professional fundraising fees | 30 | 58,518 | | 58,518 |
| 31 | Accounting fees | 31 | | | |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 | 86,931 | 73,170 | 8,421 |
| 34 | Telephone | 34 | 91,820 | 82,638 | 5,509 |
| 35 | Postage and shipping | 35 | 21,780 | 3,652 | 4,173 |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | 173,494 | 166,274 | 6,513 |
| 38 | Printing and publications | 38 | 64,873 | 13,996 | 4,564 |
| 39 | Travel | 39 | 39,227 | 36,028 | 2,685 |
| 40 | Conferences, conventions, and meetings | 40 | | | |
| 41 | Interest | 41 | 67,874 | 33,560 | 33,960 |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 210,838 | 179,213 | 16,264 |
| 43 | Other expenses not covered above (itemize) | | | | |
| a | SEE STATEMENT 4 | 43a | 634,275 | 404,289 | 114,703 |
| b | | 43b | | | |
| c | | 43c | | | |
| d | | 43d | | | |
| e | | 43e | | | |
| 44 | Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 | 5,135,819 | 4,085,946 | 502,790 |

Joint Costs Check ☐ if you are following SOP 98.2Are 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? ▶

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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

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

| | | | |
|---|----------------------------------------------------------------------------------------|--|-----------|
| a | SEE STATEMENT 5 | | |
| | (Grants and allocations \$ _____) | | 4,085,946 |
| b | | | |
| | (Grants and allocations \$ _____) | | |
| c | | | |
| | (Grants and allocations \$ _____) | | |
| d | | | |
| | (Grants and allocations \$ _____) | | |
| e | Other program services | | |
| | (Grants and allocations \$ _____) | | |
| f | Total of Program Service Expenses (should equal line 44, column (B), program services) | | 4,085,946 |

Part IV Balance Sheets (See instructions)

| Note | | (A) Beginning of year | | (B) End of year |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|
| ASSETS | 45 Cash — non interest bearing | 173,142 | 45 | 47,118 |
| | 46 Savings and temporary cash investments | 290,137 | 46 | 211,742 |
| | 47a Accounts receivable | 47a | | |
| | b Less allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a | | |
| | b Less allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | 366,270 | 49 | 323,659 |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes & loans receivable (attach sch) | 51a | | |
| | b Less allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 26,901 | 53 | 24,637 |
| | 54 Investments — securities (attach schedule) | 1,014,631 | 54 | 592,010 |
| | 55a Investments — land, buildings, & equipment basis | 55a | | |
| | b Less accumulated depreciation (attach schedule) | 55b | 55c | |
| 56 Investments — other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment basis | 57a | 5,254,333 | | |
| b Less accumulated depreciation (attach schedule) | 57b | 1,381,794 | 57c | 3,872,539 |
| 58 Other assets (describe ▶ STATEMENT 6 SEE STATEMENT 7) | | 7,215 | 58 | 6,121 |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 5,959,022 | 59 | 5,077,826 |
| LIABILITIES | 60 Accounts payable and accrued expenses | 295,376 | 60 | 379,562 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | 798,318 | 64b | 783,930 |
| | 65 Other liabilities (describe ▶ SEE STATEMENT 8) | 635,580 | 65 | 420,673 |
| | 66 Total liabilities (add lines 60 through 65) | 1,729,274 | 66 | 1,584,165 |
| 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 | 4,070,767 | 67 | 3,322,549 |
| | 68 Temporarily restricted | 38,860 | 68 | 49,966 |
| | 69 Permanently restricted | 120,121 | 69 | 121,146 |
| | 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 and column (B) must equal line 21) | 4,229,748 | 73 | 3,493,661 |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 5,959,022 | 74 | 5,077,826 |

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions)**

| | | | |
|----------|--------------------------------------------------------------------------|----------|-----------|
| a | Total revenue, gains, and other support per audited financial statements | a | 4,511,368 |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments \$ -85,633 | | |
| (2) | Donated services and use of facilities \$ | | |
| (3) | Recoveries of prior year grants \$ | | |
| (4) | Other (specify) | | |
| | SEE STM 9 \$ 111,636 | | |
| | Add amounts on lines (1) through (4) | b | 26,003 |
| c | Line a minus line b | c | 4,485,365 |
| d | Amounts included on line 12, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify) | | |
| | ----- \$ | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 4,485,365 |

| | |
|------------------|---------------------------------------------------------------------------------------------|
| Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |
|------------------|---------------------------------------------------------------------------------------------|

| | | | |
|----------|--------------------------------------------------------------|----------|-----------|
| a | Total expenses and losses per audited financial statements | a | 5,247,455 |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| | (1) Donated services and use of facilities \$ | | |
| | (2) Prior year adjustments reported on line 20, Form 990 \$ | | |
| | (3) Losses reported on line 20, Form 990 \$ | | |
| | (4) Other (specify) | | |
| | SEE STMT 10 \$ 111,636 | | |
| | Add amounts on lines (1) through (4) | b | 111,636 |
| c | Line a minus line b | c | 5,135,819 |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| | (1) Investment expenses not included on line 6b, Form 990 \$ | | |
| | (2) Other (specify) | | |
| | ----- \$ | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 5,135,819 |

| | |
|---------------|----------------------------------------------------------------------------------------------------------------------------|
| Part V | List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions) |
|---------------|----------------------------------------------------------------------------------------------------------------------------|

[illegible]

75 Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes ☒ No

If 'Yes' attach schedule — see instructions

Part VI Other Information (See specific instructions)

| | 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 |
| 78a 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 |
| 80a 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 <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81a 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 |
| 82a 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 | N/A |
| 83a 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 |
| 84a 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? | 84b | N/A |
| 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A |
| b Did the organization make only in house lobbying expenditures of \$2,000 or less? 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 | 85b | N/A |
| 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 on line 85f? | 85g | N/A |
| h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A |
| 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 |
| 89a 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 | 89b | X |
| 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 |
| 90a List the states with which a copy of this return is filed <u>CALIFORNIA</u> | | |
| b Number of employees employed in the pay period that includes March 12, 2001 (see instructions) | 90b | 104 |
| 91 The books are in care of <u>STAND! AGAINST DOMESTIC VIOL</u> Telephone number <u>(925) 603-0145</u> Located at <u>P O BOX 6406, CONCORD, CA</u> ZIP + 4 <u>94524</u> | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u> | | N/A |

Part VII Analysis of Income-Producing Activities (See instructions)**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) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a FEES FOR SERVICES | | | | | 471,435 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & interest from securities | | | 14 | 42,763 | |
| 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 pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 5 | -33,915 | |
| 101 Net income or (loss) from special events | | | 1 | 229,825 | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b MISCELLANEOUS | | | | | 1,208 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 238,673 | 472,643 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 711,316 |

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 instructions)

| 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) |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | SEE STATEMENT 12 |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

| (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 instructions)

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

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please  Date 12-18-03

Date

Date 12-18-03 Check if ☐ Preparer's SSN or PTIN (see General instructions)

Schedule A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

(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)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the Organization **STAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S**

Employer Identification Number
94-2476576

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 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 |
|-----------------------------------------------------------------------------|---------------------|------------------|
| ACCEBS TOW | | |
| | AUTO TOW / REP | 58,518 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part III Statements About Activities (See instructions)

Yes No

- 1 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 ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 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.

- 2 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.)

SEE STATEMENT 13

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note: 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 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)
- 11 a ☒ 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)
- 11 b ☐ 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 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 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.) | 3,337,899 | 3,558,285 | 3,222,845 | 3,427,755 | 13,546,784 |
| 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 | 837,898 | 944,721 | 890,608 | 583,670 | 3,256,897 |
| 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 | 57,220 | 58,461 | 47,952 | 46,608 | 210,241 |
| 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. SEE SJMT 14 | 51,756 | 24,154 | 19,638 | 20,659 | 116,207 |
| 23 Total of lines 15 through 22 | 4,284,773 | 4,585,621 | 4,181,043 | 4,078,692 | 17,130,129 |
| 24 Line 23 minus line 17 | 3,446,875 | 3,640,900 | 3,290,435 | 3,495,022 | 13,873,232 |
| 25 Enter 1% of line 23 | 42,848 | 45,856 | 41,810 | 40,787 | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|------------|
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e), line 24 | 26a | 277,465 |
| 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 | |
| c Total support for Section 509(a)(1) test. Enter line 24, column (e). | | 26c | 13,873,232 |
| d Add: Amounts from column (e) for lines | 18 210,241 19 | 26d | 326,448 |
| | 22 116,207 26b | 26e | 13,546,784 |
| e Public support (line 26c minus line 26d total) | | 26f | 97.65% |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | |

27 Organizations described on line 12 N/A

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
(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
(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add: Amounts from column (e) for lines
15 _____ 16 _____
17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c

27d

27e

27f

27g

27h

%

%

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.

Part V Private School Questionnaire (See instructions)
(To be completed Only by schools that checked the box on line 6 in Part IV)

| | | N/A | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| | | 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) | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| 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) | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 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 | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 CB 587 covering racial nondiscrimination? If 'No,' attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

| | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------|
| 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 - | | |
| Not over \$500,000 | | |
| Over \$500,000 but not over \$1,000,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | | |
| Over \$17,000,000 | | |
| The lobbying nontaxable amount is - | | |
| 20% of the amount on line 40 | | |
| \$100,000 plus 15% of the excess over \$500,000 | | |
| \$175,000 plus 10% of the excess over \$1,000,000 | | |
| \$225,000 plus 5% of the excess over \$1,500,000 | | |
| \$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)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See 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)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| | Yes | No |
|----------|-----|----|
| 51 a (i) | | X |
| a (ii) | | X |
| b (i) | | X |
| b (ii) | | X |
| b (iii) | | X |
| b (iv) | | X |
| b (v) | | X |
| b (vi) | | X |
| c | | X |

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

[illegible]

2001

FEDERAL STATEMENTS

PAGE 1

CLIENT 3031

STAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S

94-2476576

2/12/03

10 08AM

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIES

| | |
|---------------------|---------|
| GROSS SALES PRICE | 809,301 |
| COST OR OTHER BASIS | 806,594 |

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 2,707OTHER ASSETS

| | |
|---------------------|-----------|
| DESCRIPTION | CAR SALES |
| DATE ACQUIRED | VARIOUS |
| HOW ACQUIRED | DONATED |
| DATE SOLD | VARIOUS |
| TO WHOM SOLD | |
| GROSS SALES PRICE | 182,917 |
| COST OR OTHER BASIS | 219,539 |
| DEPRECIATION | 0 |

GAIN (LOSS) -36,622

TOTAL GAIN (LOSS) OTHER ASSETS \$ -36,622TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -33,915STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

| SPECIAL EVENTS | GROSS RECEIPTS | LESS CONTRI- BUTIONS | GROSS REVENUE | LESS DIRECT EXPENSES | NET INCOME (LOSS) |
|----------------|-------------------|----------------------------|------------------|----------------------------|-------------------------|
| RBL | 141,025 | 0 | 141,025 | 29,467 | 111,558 |
| JOIE DE VIVRE | 140,310 | 0 | 140,310 | 22,043 | 118,267 |
| TOTALS | \$ 281,335 | \$ 0 | \$ 281,335 | \$ 51,510 | \$ 229,825 |

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS FROM SECURITIES

| | |
|-------|-------------------|
| TOTAL | \$ -85,633 |
| | \$ <u>-85,633</u> |

2001

FEDERAL STATEMENTS

PAGE 2

CLIENT 3031

STAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S

94-2476576

2/12/03

10 08AM

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|-------------------------------|--------------|----------------------------|--------------------------------|--------------------|
| BANK CHARGES | 6,532 | 1,783 | 4,749 | |
| DUES AND FEES | 12,960 | 5,543 | 4,977 | 2,440 |
| EMPLOYEE EVENTS | 4,319 | 1,179 | 3,140 | |
| EMPLOYMENT ADS | 11,889 | 10,096 | | 1,793 |
| FOOD | 8,178 | 8,178 | | |
| FUNDRAISING | 60,468 | | | 60,468 |
| GRANT FUNDED CAP EXPENDITURES | 21,425 | 21,425 | | |
| INSURANCE | 83,733 | 70,314 | 7,999 | 5,420 |
| INVESTMENT FEES | 11,208 | 1,475 | 9,733 | |
| JANITORIAL | 20,104 | 16,503 | 1,810 | 1,791 |
| MISCELLANEOUSE | 4,025 | | 4,025 | |
| NETWORK COMMUNICATIONS | 8,843 | 5,805 | 1,634 | 1,404 |
| OUTSIDE SERVICES | 38,039 | 33,136 | 4,738 | 165 |
| PAYROLL PROCESSING | 9,955 | 2,718 | 7,237 | |
| PROFESSIONAL SERVICES | 172,854 | 91,118 | 52,793 | 28,943 |
| PROPERTY TAXES | 10,888 | 10,155 | 348 | 385 |
| PUBLIC RELATIONS / ADS | 15,734 | 4,675 | 933 | 10,126 |
| SECURITY | 5,551 | 1,516 | 4,035 | |
| TRAINING | 19,534 | 18,029 | 1,370 | 135 |
| UTILITIES | 81,946 | 74,551 | 5,182 | 2,213 |
| WOMEN'S ASSISTANCE | 26,090 | 26,090 | | |
| TOTAL | \$ 634,275 | \$ 404,289 | \$ 114,703 | \$ 115,283 |

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION | GRANTS AND ALLOCATIONS | PROGRAM SERVICE EXPENSES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|
| SHELTER AND SAFE HOMES PROVIDE SHELTER FOR BATTERED WOMEN AND THEIR CHILDREN WHILE THEY ATTEMPT TO RECONSTRUCT THEIR LIVES. THE AVERAGE STAY IS 4 WEEKS IN EMERGENCY HOUSING, 6 MONTHS IN TRANSITIONAL HOUSING AND 3 DAYS AT THE SAFE HOUSE | | 477,247 |
| VOLUNTEERS, CRISIS COUNSELING AND SUPPORT. THE INITIAL CONTACT WITH STAND IS GENERALLY BY TELEPHONE. STAND PROVIDES IMMEDIATE CRISIS COUNSELING ARRANGEMENTS, INDIVIDUAL COUNSELING, SUPPORT GROUPS, PEER ADVOCACY AND JOB PLACEMENT SERVICES | | 1,395,094 |
| DOMESTIC VIOLENCE TREATMENT PROGRAM - PRIMARY GOAL IS TO REDUCE DOMESTIC VIOLENCE BY TEACHING ALTERNATIVES TO VIOLENCE THROUGH COMMUNITY OUTREACH AND COUNSELING | | 794,293 |
| PREVENTION PROGRAMS TO INCLUDE PARENTING FOR VIOLENCE PREVENTION, TEEN VIOLENCE PREVENTION PROGRAM, A BATTERING ABATEMENT PROGRAM, A WORKPLACE PROGRAM AND A SPEAKER'S BUREAU | | 709,207 |

2001

FEDERAL STATEMENTS

PAGE 3

CLIENT 3031

STAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S

94-2476576

2/12/03

10 08AM

STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION | GRANTS AND ALLOCATIONS | PROGRAM SERVICE EXPENSES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|
| THE LEGAL ADVOCACY PROGRAM PROVIDES A VARIETY OF FAMILY LAW LEGAL ASSISTANCE TO SURVIVORS OF DOMESTIC VIOLENCE INCLUDING BUT NOT LIMITED TO RESTRAINING ORDER SERVICES, DISSOLUTION/LEGAL SEPARATION SERVICES, CUSTODY MODIFICATION, CONTEMPT ACTIONS, PRO BONO LEGAL SERVICES AND CRIMINAL COURT ADVOCACY THE PROGRAM IS WELL EQUIPPED TO HANDLE ISSUES OF CLIENT SAFETY AND CONFIDENTIALITY | | 505,021 |
| MT DIABLO PROGRAM BUILDS A YOUTH MOBILIZATION TEAM THIS EFFORT INVOLVES EDUCATING, EMPOWERING AND MOBILIZING YOUTH TO ADDRESS RELATIONSHIP ABUSE THROUGH YOUTH DRIVEN ACTIVITIES | | |
| HIGH SCHOOL AND MIDDLE SCHOOL FOCUS 4,500 MIDDLE AND HIGH SCHOOL STUDENTS (OVER THE THREE YEAR CONTRACT) WILL RECEIVE THE "YOU NEVER WIN WITH VIOLENCE CURRICULUM | | |
| ALLIANCE BUILDING NETWORK CREATE A NETWORK OF PARENTS, ADULTS AND COMMUNITY REPRESENTATIVES WHO ARE TRAINED TO DO OUTREACH, EDUCATION AND ADVOCACY AROUND RELATIONSHIP VIOLENCE PREVENTION | | 205,084 |
| | <u>\$ 0</u> | <u>\$ 4,085,946</u> |

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM DEPREC. | BOOK VALUE |
|------------------------|---------------------|---------------------|---------------------|
| FURNITURE AND FIXTURES | \$ 671,944 | \$ 429,028 | \$ 242,916 |
| BUILDINGS | 3,715,039 | 948,681 | 2,766,358 |
| IMPROVEMENTS | 8,892 | 4,085 | 4,807 |
| LAND | 858,458 | | 858,458 |
| TOTAL | <u>\$ 5,254,333</u> | <u>\$ 1,381,794</u> | <u>\$ 3,872,539</u> |

STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS

| | | |
|----------|--|-----------------|
| DEPOSITS | | \$ 6,121 |
| TOTAL | | <u>\$ 6,121</u> |

2001

FEDERAL STATEMENTS

PAGE 4

CLIENT 3031

STAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S

94-2476576

2/12/03

10 08AM

STATEMENT 8
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

| | | |
|-------------------------------------|----|----------------|
| CURRENT MATURITIES OF CAPITAL LEASE | \$ | 7,555 |
| CURRENT MATURITIES OF NOTES PAYABLE | | 333,437 |
| DUE TO OTHER AGENCIES | | 79,681 |
| TOTAL | \$ | <u>420,673</u> |

STATEMENT 9
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

| | | |
|-----------------------------|----|----------------|
| ACCEBS TOW FUNDRAISING | \$ | -58,518 |
| FUNDRAISING EVENTS EXPENSES | | 51,510 |
| IN KIND GIFTS | | 118,644 |
| TOTAL | \$ | <u>111,636</u> |

STATEMENT 10
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

| | | |
|-----------------------------|----|----------------|
| ACCEBS TOW FUNDRAISING | \$ | -58,518 |
| FUNDRAISING EVENTS EXPENSES | | 51,510 |
| IN KIND GIFTS | | 118,644 |
| TOTAL | \$ | <u>111,636</u> |

STATEMENT 11
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------|------------------------------|
| GLORIA SANDOVAL P O BOX 6406 CONCORD, CA 94524 | EXECUTIVE DIREC 40 HRS/WEEK | \$ 111,505 | \$ 2,230 | \$ 0 |
| MOHAMMAD SHEIK P O BOX 6406 CONCORD, CA 94524 | DIR OF FINANCE 40 HRS/WEEK | 70,079 | 1,402 | 0 |
| MICHELLE DAVIS P O BOX 6406 CONCORD, CA 94524 | DIR OF DEVELOP 40 HRS/WEEK | 66,535 | 1,360 | 0 |
| ERICA HILL P O BOX 6406 CONCORD, CA 94524 | H R DIRECTOR 40 HRS/WEEK | 63,600 | 1,339 | 0 |

2001

FEDERAL STATEMENTS

PAGE 5

CLIENT 3031

STAND! AGAINST DOMESTIC VIOLENCE
FORMERLY BATTERED WOMEN'S ALT'S

94-2476576

2/12/03

10 08AM

STATEMENT 11 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--------------------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------|------------------------------|
| DEBORAH LEVINE P O BOX 6406 CONCORD, CA 94524 | DEPUTY DIRECTOR 40 HRS/WEEK | \$ 57,870 | \$ 1,157 | \$ 0 |
| SEE STATEMENT FOR LIST OF DIR P O BOX 6046 CONCORD, CA 94524 | BOARD OF DIRE NONE | 0 | 0 | 0 |
| TOTAL | | \$ 369,589 | \$ 7,488 | \$ 0 |

STATEMENT 12

FORM 990, PART VIII

RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

| LINE # | EXPLANATION OF ACTIVITIES |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 93A | FEDERAL, STATE AND LOCAL FUNDING SOURCES REQUIRE THAT SOME MINIMUM FEE BE CHARGED TO CLIENTS FOR SERVICES FEES ARE CHARGED FOR THE COUNSELING SERVICES PROVIDED TO WOMEN, CHILDREN AND THEIR BATTERERS FEES ARE ALSO CHARGED FOR SEMINARS AND WORKSHOPS SOME ATTENDEES ARE ATTENDING AT THE REQUEST OF THE DISTRICT ATTORNEY'S OFFICE THESE SERVICES ARE DIRECTLY RELATED TO THE PREVENTION OF DOMESTIC VIOLENCE |
| 103A | INCOME FROM VARIOUS ACTIVITIES EACH OF WHICH IS IN SUPPORT OF THE TAX EXEMPT MISSION OF THE ORGANIZATION |

STATEMENT 13

SCHEDULE A, PART III, LINE 2

TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC

SEE FORM 990, PART V

STATEMENT 14

SCHEDULE A, PART IV-A, LINE 22

OTHER INCOME

| DESCRIPTION | (A) 2000 | (B) 1999 | (C) 1998 | (D) 1997 | (E) TOTAL |
|-------------|-----------|-----------|-----------|-----------|------------|
| OTHER | \$ 51,756 | \$ 24,154 | \$ 19,638 | \$ 20,659 | \$ 116,207 |
| TOTAL | \$ 51,756 | \$ 24,154 | \$ 19,638 | \$ 20,659 | \$ 116,207 |



BOARD OF DIRECTORS

September 2001

This list has been approved for external use

Officers

Myra Belfiore
President

Event Planner
P O Box 6406
Concord, CA 94524
(925) 820-3784 Fax (925) 944-9195

Gerald Lucey
Vice-President

Labor Arbitrator
35 Ashford Place
Moraga, CA 94556
(925) 376-8895 Fax (925) 377-8895

Mary Williamson
Vice-President

Vice President
Private Banking Relationship Manager
The Mechanics Bank
1646 N California Blvd , Suite 200
Walnut Creek, CA 94596
(925) 210-9351 Fax (925) 939-3612

Theresa Hughes
Treasurer

Economist, Owner
Theresa Hughes & Associates
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Revised 9/01

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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 File by the due date for filing your return. See instructions. | Name of Exempt Organization | STAND! AGAINST DOMESTIC VIOLENCE | Employer Identification Number |
| | FORMERLY BATTERED WOMEN'S ALT'S | | 94-2476576 |
| | Number, Street, and Room or Suite Number. If a P.O. Box, see instructions. | | |
| | P O BOX 6406 | | |
| | City, Town, or Post Office. For a foreign address, see instructions. | | State ZIP Code |
| | CONCORD, CA 94524 | | |

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 (Section 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 2/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 7/01, 20 01, and ending 6/30, 20 02

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.

\$ 0

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.

\$ 0

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.

\$ 0**Signature and Verification**

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

Signature ▶

Dan Zank CPA

Title ▶

Representative

Date ▶

NOV 12 2002

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)