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## **Return of Organization Exempt From Income Tax**

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

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

A F	er the 2	OG2 catendar year, or tax year period beginning	UL 1, 2002	and e	nding JUN 30	, 2003	
_	heck if	Please C Name of organization .				D Employer Ide	ntification number
14	policable	USE RESTAND! AGAINST DOMES	TIC VIOLENCE			,	-
$\overline{}$	Addres	Interior PARTON TO THE PARTON TO MAKE	MEN'S ALT'S			94-24	76576
_	Name	type. Number and street for P.O. how If mail is o			Room/sulte	E Telephone nu	
$\vdash$	initias resum	Specific 1410 DANZIG PLAZA	o. u =	,	1		603-0145
$\vdash$	Final	instruc- tions. City or town, state or country, and ZIP + 4		1			Cook X Accruel
	Amende					Other (apacify)	•
==	Applice	tion Bestion 501(c)(3) organizations and 4947(a)	1) nonexempt charitable trus	tis.	H and I are not app		on 527 organizations.
	ياددى، اصط <del>ب</del>	must attach a completed Schedule A (Form 9	90 or 990-E2)		H(a) is this a group i		
W	iah site	- WWW.STANDAGAINSTDV.ORG			H(b) If "Yes," enter no		
		ilon type (check only one) ► X 501(c) ( 3 ) ◀ (inse	rno.) 4947(a)(1) or	527	7 ''		/A Yes No
		re 🕨 🔲 if the organization's gross receipts are norr		The	(If "No," attach a	list.)	
		ion need not file a return with the IRS; but if the organiz			H(d) is this a separat	red by a group ru	riling? Yes X No
		li, it should file a return without financial data Some sta			I Enter 4-digit GE		
							n is not required to attach
G	rass red	elpts: Add lines 6b, 8b, 9b, and 10b to line 12	4,834,78	3.	Sch B (Form 95	, -	·
		Revenue, Expenses, and Changes in			nces		
4	1	Contributions, grits, grants, and similar amounts receiv				2246	· · · · · · · · · · · · · · · · · · ·
-	•	Direct public support		12	1,332,7	63.	
		Indirect public support	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		87,0		
- [	6	Government contributions (grants)		10	2,374,3		
		Total (add lines 1a through 1c) (cash \$ 3,7	16.583 - noncash \$				3,794,140.
Į	2	Program service revenue including government fees at	on contracts (from Part VII Im	A 93\			437,885.
1	3	Membership dues and assessments				1 1	
-1	4	Interest on savings and temporary cash investments					2,183.
	6	Dividends and interest from securities				• —	26,147.
1	6 -	Gross rents			]		
	D E	Less: rental expenses	*************	8b			
ŀ		Net rental income or (loss) (subtract line 6b from dne 6	ia i		<u> </u>	Bc	
-	7	Other investment income (describe	·-)	,	•• ••••••••	7	
Hevenue	-	Gross amount from sale of assets other	(A) Securities		(B) Other	130.623	
•	•	than inventory	336,718.	8a			
Ĭ	h	Less: cost or other basis and sales expenses	388,087.				
1	-	Gain or (loss) (attach schedule)	<51,369.	>8c			
ı		Net gain or (loss) (combine line 8c, columns (A) and (i				84	<51,369.
	9	Special events and activities (attach echedule)				¥20)	
1		Gross revenue (not including \$	0 . of contributions			100	
	_	reported on line 1a)		92	236,7	04.	
	b	Less; direct expenses other than fundraising expenses		95	04,2	47.	
1		Net income or (loss) from special events (subtract line		EE	STATEMENT	2 95	172,457.
	10 a	Gross sales of inventory, less returns and allowances		10a			
- {		Less: cost of goods sold		10b			
		Gross crofit or (loss) from sales of inventory feltach as	medule) (subtract line 10b filos	m line	10a)	10c	
1	11	Other revenue (from Part VII, line 103)	CEIVED	,,,,,,		11	1,006.
ł	12	Total revenue (add lines 1d 2 3 4 5 Fc 7-9d-0c-1	le ned 111			12	4,382,449.
	13	Program services (from tine 44, column (8))	34E2004O			13	3,973,386.
3	14	Management and general (from tine 44, copyinn (C))	· · · · · · · · · · · · · · · · · · ·		,	19	497,988.
ĕ	15	Fundraising (from line 44, column (D))	<u> </u>			15	370,683.
3	16	Payments to affiliates (attach schedule)	DENILLT			15	4 042 057
	17	Payments to affiliates (attach schedule)	C. Co. 194 ( 9)	• • • • • •	1 1000 4 4 1 4 1	<del></del>	4,842,057.
	18	Excess or (deficit) for the year (subtract line 17 from the	16 12)				<459,608.3
ġ	19	Net assets or fund balances at beginning of year (from	line 73, column (A))	<u>.</u>		19	3,493,661.
As	20	Other changes in net assets or fund balances (attach et	φlanation)	EE .	STATEMENT	20	<96,841.
	21	Net assets or fund balances at end of year (combine im	es 18, 19, and 20)			. 21	2,937,212.
22300	n m	HA For Panerwork Reduction Act Notice, see the a	eparate instructions.				Form 990 (2002)

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Lo not include amounts reported on line (B) Program services (C) Management and general (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) noncash \$ Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 117,414. 27,005. 58,707. 31,702. Compensation of officers, directors, etc 25 2,767,534. 2,420,467. 191,402. 155,665. 26 26 Other salaries and wages Pension plan contributions 27 27 28 Other employee benefits . . 487,827 419,173. 43,807. Payroll taxes . . . 24,847. 29 29 Professional fundraising fees 30 31 Accounting fees 31 Legal fees 54,234 41,242 9,956 3,036. 33 33 Supplies 195,505. 175,779 10,368. 9,358. 34 Telephone <u>15,</u>375. 2,498. 7,955 4,922. 35 Postage and shipping 116,969. 1,169. 114,879. 921. Occupancy . . . . 36 36 41,262. 37,305 3,327. 630. Equipment rental and maintenance 37  $76,7\overline{72}$ 25,278 2,924. 48,570. 38 Printing and publications 38 46,941 $3,\overline{100}$ 50,091 39 50. 39 40 40 Conferences, conventions, and meetings 50,238. 35,302 13,881. ,055. 41 Interest 179,412. 161,838. 11,317. 6,257. 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): 43 43a 43b 43c 43d SEE STATEMENT 689,424. 460,222. 145,532. 83,670. 43e Total functional expenses (add lines 22 through 43)
Organizations completing columns (B)-(D), carry these totals to lines 13-15 4,842,057. 3,973,386. 497,988. 370,683. Joint Costs. Check \( \bigstyle \bigstyle \ldots \) if you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 Program Service Expenses
(Required for 501(c)(3) and
(4) orgs , and 4947(a)(1)
trusts, but optional for others.) 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 SEE STATEMENT 6 885,711. (Grants and allocations \$ SEE STATEMENT (Grants and allocations \$ 719,993. c DOMESTIC VIOLENCE COUNSELING PROGRAM - THE PRIMARY GOAL IS TO REDUCE DOMESTIC VIOLENCE BY TEACHING ALTERNATIVES TO VIOLENCE THROUGH COMMUNITY OUTREACH AND COUNSELING. 569,845. (Grants and allocations \$ d PREVENTION PROGRAMS - THESE PROGRAMS INCLUDE PARENTING FOR VIOLENCE PREVENTION, TEEN VIOLENCE PREVENTION PROGRAM, A BATTERING ABATEMENT PROGRAM, A WORKPLACE PROGRAM AND A SPEAKER'S BUREAU. 515,180. (Grants and allocations \$ STATEMENT 8 (Grants and allocations \$ 1,282,657. e Other program services (attach schedule) Total of Program Service Expenses (should equal line 44, column (8), Program services) 3,973,386. 223011 01-22-03 Form 990 (2002)

Form 990 (2002)

## Balance Sheets

Note		re required, attached schedules and amounts within the description column ild be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	47,118.	45	<9,482.>
	46	Savings and temporary cash investments	211,742.	46	141,439.
	47 a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b		47c	
	48 a	Pledges receivable 48a			
	b	Less: allowance for doubtful accounts		48c	<del></del>
	49	Grants receivable	323,659.	49	329,969.
	50	Receivables from officers, directors, trustees,			
_	Ì	and key employees		50	
Assets	51 a	Other notes and loans receivable 51a			
Ass	b	Less: allowance for doubtful accounts		51c	
•	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	24,637.	53	20,772.
	54	Investments - securities Cost FMV		54	
	55 a	Investments - land, buildings, and			
		equipment basis 55a		ļ	
	l h	Less. accumulated depreciation 55b		55c	
	56	Investments - other SEE STATEMENT 9	592,010.	56	377,168.
		Land, buildings, and equipment: basis 57a 5,062,859.	032/0200		37772000
	, h	Less: accumulated depreciation 57b 1,417,188.	3,872,539.	57c	3,645,671.
	58	Other assets (describe SEE STATEMENT 10 )	6,121.	58	10,339.
			E 077 006		
	59	Total assets (add lines 45 through 58) (must equal line 74)	5,077,826.	59	4,515,876.
	60	Accounts payable and accrued expenses	379,562.	60	476,570.
	61	Grants payable		61	
'n	62	Deferred revenue		62	
Liabilities	63	Loans from officers, directors, trustees, and key employees		63	
<u>=</u>	64 a	Tax-exempt bond liabilities		64a	
Ë	b	n Mortgages and other notes payable	783,930.	64b	765,342.
	65	Other liabilities (describe SEE STATEMENT 11 )	420,673.	65	336,752.
	66	Total liabilities (add lines 60 through 65)	1,584,165.	66	1,578,664.
	Organ	nizations that follow SFAS 117, check here X and complete lines 67 through			
		69 and lines 73 and 74.			
Ses	67	Unrestricted	3,322,549.	67	2,815,041.
<u>a</u>	68	Temporarily restricted	49,966.	68	0.
Ba	69	Permanently restricted	121,146.	69	122,171.
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check here  and complete lines			-
瓦		70 through 74.			
S	70	Capital stock, trust principal, or current funds		70	
set	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
As	72	Retained earnings, endowment, accumulated income, or other funds		72	
Zet	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			<del></del>
-		column (A) must equal line 19, column (B) must equal line 21)	3,493,661.	73	2,937,212.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	5,077,826.	74	4,515,876.
		us available for public inspection and, for some people, serves as the primary or sole source of			

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.

ROM	:BOWMAN AND COMPANY	209 473 977	71 20	04,02-12	10-10	
1	STAND! AG	AINST DOMEST	IC VIOLENCE			
EARR		BATTERED WOM			94-24765	76 Page
	Reconciliation of Revenu		Part V-8 Recond	Illation of Exp	enses per A	udited
in its	Financial Statements with Return	n Revenue per	Financ	ial Statements	with Expen	ses per
1	Yearl amount arms and other avance	- A 457 579	a Total expenses and audited financial state	osses per	▶ . 4	906.304.
	per audited financial statements		b Amounts included of	in lene a but not on		100 m 200 m
Þ	Amounts included on line a but not on		line 17, Form 990:			
	lina 12, Form 990 Net unrealized gains	A PROPERTY OF THE PROPERTY OF	(1) Donated services and use of facilities	2		
(1)	on investments \$ 10,883.		(2) Prior year adjustmen			
(2)			reported on line 20.		in line.	A December
(=)	and use of facilities \$	A THE SHE WE SHE	Form 990	S		
(3)	Recoveries of prior		(3) Losses reported on			
1-1	year grants\$		line 20, Form 990	\$		
(4)	Other (specify):		(4) Other (specify):			
	TMT 12 s 64,247.		STMT 13	\$ 64,2	47.	
=	Add accounts on lines (1) through (4)	h 75.130.	Add amounts on line	s (1) through (4)	▶ b	64,247.
c	Line a minus line b	c 4,382,449.	a Line a minus line b .		. ► c 4,	842,057.
d	Amounts included on line 12, Form		d Amounts included or	line 17, <b>Form</b>	2.0	
	990 but not on line a:		s entl no ton fud 089	ı:		
(1)	Investment expenses		(1) investment expenses	•		**************************************
• •	not included on	7500 A-17	not included on			**************************************
	line 8b, Form 990\$		line 6b, Form 990	. \$		
(2)	Other (specify):	To the second second	(2) Other (specify):			
	\$			<u>\$</u>	Mar	
	Add amounts on lines (1) and (2)	d 0.	Add amounts on line	s (1) and (2)	▶ ₫	0.
	Total revenue per line 12, Form 990 (line c plus line d)	1	e Total expenses per il	ne 17, Form 990		
	(line a alum line d)	- 4 292 449	(line c plus line d)		▶ a 4.	842,057.
	(ma c binz mis a)	E 4,302,447	(mile propries	<del></del>	·· · · · · · · · · · · · · · · · · · ·	
Q.	List of Officers, Directors, T	rustees, and Key	<b>Employees</b> (List each or	e even if not compen	(.butca	
72	List of Officers, Directors, T  (A) Name and address	rustees, and Key	Employees (List each or (B) Title and average hours per week devoted to position	e even if not compen	(.butca	
MA	List of Officers, Directors, T  (A) Name and address  RY WILLIAMSON	rustees, and Key	Employees (List each or (8) Title and average hours per week devoted to	e even if not compen	(D) Contributions to employee benefit plans & deterred	
MA 34	List of Officers, Directors, T  (A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE	rustees, and Key	Employees (List each or (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deterred compensation	(E) Expense .eccount and other allowances
MA 34 PI	(A) Name and address  (A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611	rustees, and Key	Employees (List each or (8) title and average hours per week devoted to position  PRESIDENT	e even if not compen	(D) Contributions to employee benefit plans & detented compensation	(E) Expense .eccount and other allowances
MA 34 PI KA	(A) Name and address  (A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  THLEEN HAMM	rustees, and Key	Employees (List each or (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deterred compensation	(E) Expense .eccount and other allowances
MA 34 PI KA	(A) Name and address  (A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  THLEEN HAMM	rustees, and Key	Employees (List each or (8) title and average hours per week devoted to position  PRESIDENT	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut comment plans a destribut commencation	(E) Expense .account and other allowances
MA 34 PI KA P.	(A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  THLEEN HAMM  D. BOX 1096  FAYETTE, CA 94549	rustees, and Key	Employees (List each or (8) title and average hours per week devoted to position) PRESIDENT  SECRETARY	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut comment plans a destribut commencation	(E) Expense .account and other allowances
MA 34 PI KA P.	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549	rustees, and Key	Employees (List each or (8) title and average hours per week devoted to position  PRESIDENT	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut comment plans a destribut commencation	(E) Expense .account and other allowances
MA 34 PI KA LA JU	(A) Name and address, T  (A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  PHLEEN HAMM  D. BOX 1096  FAYETTE, CA 94549  DITH HARTMAN  21 YGNACIO VALLEY ROAD	rustees, and Key	Employees (List each or (8) title and average hours per week devoted to position) PRESIDENT  SECRETARY	(C) Compensation (If not paid, enter	(B) Contributions to employee contributions to employee contributions to employee contributions and determined communication.	(E) Expense account and other allowances
MA 34 PI KA LA JU 21 WA	(A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  THLEEN HAMM  5. BOX 1096  FAYETTE, CA 94549  DITH HARTMAN  21 YGNACIO VALLEY ROAD  LNUT CREEK, CA 94596	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut comment plans a destribut commencation	(E) Expense .account and other allowances
MA 34 PI KA P. LA JU 21 WA	(A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  PHLEEN HAMM  D. BOX 1096  FAYETTE, CA 94549  DITH HARTMAN  21 YGNACIO VALLEY ROAD  LNUT CREEK, CA 94596  RISTINE DEAN	rustees, and Key	Employees (List each or (8) title and average hours per week devoted to position) PRESIDENT  SECRETARY	(C) Compensation (If not paid, enter	(B) Contributions to employee contributions to employee contributions to employee contributions and determined communication.	(E) Expense account and other allowances
MA 34 PI KA P. LA JU VA CHI 13	(A) Name and address  RY WILLIAMSON  4 HIGHLAND AVENUE  EDMONT, CA 94611  PHLEEN HAMM  5. BOX 1096  FAYETTE, CA 94549  DITH HARTMAN  21 YGNACIO VALLEY ROAD  LNUT CREEK, CA 94596  RISTINE DEAN  BO CENTER AVE	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER	(C) Compensation (If not paid, enter	(D) Contributions to explore summit plans a destroot committee plans a destroot communication	(E) Expense .account and other allowances
MA 34 PI KA PI LA CHI 13 MA	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE	rustees, and Key	Employees (List each or 18) Title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER	(C) Compensation (If not paid, enter	(B) Contributions to employee contributions to employee contributions to employee contributions and determined communication.	(E) Expense account and other allowances
MA 34 PI KA PI LA JUI 21 WA CHI MA DA	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 THLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN 80 CENTER AVE RTINEZ, CA 94553 RYRL OTT	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER	(C) Compensation (If not paid, enter	(D) Contributions to explore summit plans a destroot committee plans a destroot communication	(E) Expense .account and other allowances
MA 34 PI KA PI LA DA MA DA 16	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 THLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD #	rustees, and Key	Employees (List each or 18) Title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut community plans a destribut co	(E) Expense account and other allowances
MA 34 PI KA LA LA LA LA LA LA LA LA LA L	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to explore summit plans a destroot committee plans a destroot communication	(E) Expense .account and other allowances
MA 34 PI KA PI LA JUI 13 MA DA DA DA	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE	rustees, and Key	Employees (List each or 18) Title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut community plans a destribut co	(E) Expense account and other allowances
MA 34 PI KA VELA JUI ZI WA DA DA DA 10	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM D. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(B) Contributions to exployee twenty trans a determine commence attended to the commence attende	(E) Expense account and other allowances  O .  O .
MAA34 PII KA JUI ZII WA DAN DAN DAN WA	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM D. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN 80 CENTER AVE RINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to exployee benefit plans a destribut community plans a destribut co	(E) Expense account and other allowances
MAA 34 PI KA PI A A A A A A A A A A A A A A A A A A	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM D. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN 80 CENTER AVE RINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(B) Contributions to exployee twenty trans a determine commence attended to the commence attende	(E) Expense account and other allowances  O .  O .
MAA 341 KA P. LA	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 PHLEEN HAMM D. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN 80 CENTER AVE RISTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE D. BOX 6406	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(B) Contributions to exployee twenty trans a determine commence attended to the commence attende	(E) Expense account and other allowances  O .  O .  O .
MAA 34 P I I I I I I I I I I I I I I I I I I	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 FHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE D. BOX 6406 L ROBIE	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to except the experience surject pane & deterred committee and commi	(E) Expense account and other allowances  O .  O .
MAA 34 PI LA 1 VA A CHI 3 WA DA 1 O O O O O O O O O O O O O O O O O O	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 FHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE 5. BOX 6406 VCORD, CA 94524 ANE DELUCCHI	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to except the experience surject pane & deterred committee and commi	(E) Expense account and other allowances  O .  O .  O .
MAA 3 P I I KA P I I I I I I I I I I I I I I I I I I	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 FHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE 5. BOX 6406 NCORD, CA 94524 ANE DELUCCHI 6. BOX 7888	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	(C) Compensation (If not paid, enter	(D) Contributions to except the experience surject pane & deterred committee and commi	(E) Expense account and other allowances  O .  O .  O .
MAA 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 FHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE 5. BOX 6406 NCORD, CA 94524 ANE DELUCCHI 6. BOX 7888 N FRANCISCO, CA 94120 DRIA SANDOVAL	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	C) Compensation (If not paid, enter  O.  O.  O.	Caled.  (B) Contributions to except the exce	(E) Expense account and other allowances  O -  O -  O -  O -  O -
MAA 3 P LA STATE OF LA STATE O	(A) Name and address RY WILLIAMSON 4 HIGHLAND AVENUE EDMONT, CA 94611 FHLEEN HAMM 5. BOX 1096 FAYETTE, CA 94549 DITH HARTMAN 21 YGNACIO VALLEY ROAD LNUT CREEK, CA 94596 RISTINE DEAN BO CENTER AVE RTINEZ, CA 94553 RYRL OTT 76 N. CALIFORNIA BLVD # LNUT CREEK, CA 94596 NIEL PAYNE D PRINGLE LNUT CREEK, CA 94596 L ROBIE D. BOX 6406 NCORD, CA 94524 ANE DELUCCHI D. BOX 7888 N FRANCISCO, CA 94120	rustees, and Key	Employees (List each or 18) title and average hours per week devoted to position  PRESIDENT  SECRETARY  TREASURER  TREASURER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER  MEMBER	C) Compensation (If not paid, enter  O.  O.  O.	Caled.)  (D) Contributions to except the exc	(E) Expense account and other allowances  O -  O -  O -  O -  O -

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? If "Yes," attach schedule 

| Yes | X | No Form 990 (2002)

223001 01-22-09

STAND! AGAINST DOMESTIC VIOLENCE Form 990 (2002) FORMERLY BATTERED WOMEN'S ALT'S 94-2476576 Page 5 Par VI Other Information Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 76 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 78b X Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 If "Yes," attach a statement 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 80a **b** If "Yes," enter the name of the organization and check whether it is exempt or 81 a Enter direct or indirect political expenditures. See line 81 instructions X b Did the organization file Form 1120-POL for this year? 81b 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than X fair rental value? 82a 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 ) 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b Х 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not N/A tax deductible? 84b N/A 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? 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. N/A Dues, assessments, and similar amounts from members N/A Section 162(e) lobbying and political expenditures 85d N/A Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85a 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 N/A allocable to nondeductible lobbying and political expenditures for the following tax year? 85h 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 N/A 86 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 b Gross income from other sources. (Do not net amounts due or paid to other sources N/A against amounts due or received from them ) 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? X If "Yes," complete Part IX 88 89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: \_\_\_\_O • , section 4912 ▶\_\_ section 4911 ► O • ; section 4955 ▶ 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? X 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 d Enter Amount of tax on line 89c, above, reimbursed by the organization 90 a List the states with which a copy of this return is filed CALIFORNIA b Number of employees employed in the pay period that includes March 12, 2002 90b Telephone no. ► 925-676-2845 91 The books are in care of ► MARIO BELTRAN Located at ► 1410 DANZIG PLAZA, CONCORD, CA ZIP+4 ► 94520 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92

and enter the amount of tax-exempt interest received or accrued during the tax year .

Note: Enter gross amounts unless other	- T		ted business income		ded by section 512, 513, or 514	(E)
indicated.		(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue.	l	Business code	Amount	sion	Amount	function income
a FEES FOR SERVICE	s					268,147
b SALES/THRIFT SHO	P			05	169,738.	
C			1			
d						
8						
f Medicare/Medicaid payments			-			
g Fees and contracts from government a	agencies	_				
94 Membership dues and assessments						
95 Interest on savings and temporary cas	sh investments			14	2,183.	
96 Dividends and interest from securities				14	2,183. 26,147.	
97 Net rental income or (loss) from real e	state:					
a debt-financed property						
b not debt-financed property	Γ					
98 Net rental income or (loss) from perso	onal property					
99 Other investment income	[					
100 Gain or (loss) from sales of assets			<del></del>			
other than inventory				18	<51,369.	>
101 Net income or (loss) from special even	nts .					172,457.
102 Gross profit or (loss) from sales of inv	entory					
103 Other revenue.						
a MISCELLANEOUS						1,006.
b						
C						
d						
е						
104 Subtotal (add columns (B), (D), and (E	:))		0.		146,699.	441,610.
105 Total (add line 104, columns (B), (D),						441,610. 588,309.
Note: Line 105 plus line 1d, Part I, shou					• • • • • •	
Part VIII Relationship of Act	tivities to the A	Accompli	shment of Exemp	t Pur	poses (See page 32 of the	instructions )
Line No. Explain how each activity for we exempt purposes (other than be				1 import	antly to the accomplishment o	of the organization's
103A INCOME FROM VAL			_ <u>:</u>	ICH	IS IN SUPPOR	T OF THE
MISSION OF THE						
					<del></del>	
			<del>-</del>			
Part IX Information Regard	ding Taxable S	ubsidiari	es and Disregard	ed En	tities (See page 32 of the i	nstructions )
(A) Name, address, and EIN of corporation,	(B)		(C) Nature of activities		_ (D)	_ (E)
name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities	- 1	Total income	End-of-year assets
	%		· · · · · · · · · · · · · · · · · ·			40000
N/A	%					
	%	<del> </del>			-	<del></del>
	%					
Part X Information Regard		<del></del>	ed with Personal	Bene	fit Contracts (See page	33 of the instructions \
(a) Did the organization, during the year,		•				Yes X No
(b) Did the organization, during the year,	=			-	Short vontinot:	Yes X No
Note: If "Yes" to (b), file Form 8870 ar	· •	=	- · · · · · · · · · · · · · · · · · · ·		• • • •	140
very man anni aan a			companying schedules and	statemen	ts, and to the best of my knowledg knowledge.	e and bellef, it is true,
			12-04 L	SLOR	IA SANDOVAL/EX	ecutive Diverton
					int name and title	- OTTO DIVINION

Check If

Preparer's SSN or PTIN

Date

SCHEDULE A (Form 990 or 990-EZ)

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 601(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. 1845-0047

2002

Department of the Tressury Internet Revenue Service

Name of the organization STAND! AGAINST DOMESTIC VIOLENCE

Employer identification number 94 2476576

FURMERLY BATTERED WORLD'S			94 24/03	
Compensation of the Five Highest Paid Emplo (See page 1 of the Instructions List each one. If there are none, enter		ficers, Directo	rs, and Trust	tees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per wask devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & defend compensation	(e) Expense account and other allowances
ERICA HILL	HUMAN RESRCE		,	
1410 DANZIG PLAZA, CONCORD, CA 94521	40	56,845.	274.	
MICHELLE DAVIS	DEVELOPMENT			
1410 DANZIG PLAZA, CONCORD, CA 94521	40	70,290.	1,360.	
JULIE MASON	REGIONAL - E			
1410 DANZIG PLAZA, CONCORD, CA 94521	40	57,335.	544.	
SHARON TURNER	REGIONAL - WO			
1410 DANZIG PLAZA, CONCORD, CA 94521	40	57,335.	1,147.	<del></del>
DAVID LEE	EMPLOYEE TRNG	4		
1410 DANZIG PLAZA, CONCORD, CA 94521	40	56,865.	1,137.	mare entrance suser
Total number of other employees paid over \$50,000	2			
Compensation of the Five Highest Paid Independence (See page 2 of the matructions, List each one (whether individuals or fi			Services	
(a) Name and address of each independent contractor paid more that		(b) Type of se	ervice (i	c) Compensation
LITTLER MENDELSON				
P.O. BOX 45547, SAN FRANCISCO, CA 941	45 I	EGAL SERV	ICES	135,192.
Fotal number of others receiving over 850,000 for professional services	0			

223101/01-22-03 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 890-EZ.

Schedula A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002 FORMERLY BATTERED WOMEN'S ALT'S

Pa	Support Schedule (C	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for convertin	0, 11, or 12.) <b>Use cash</b> g from the accrual to ta	n method of accounting the cash method of acc	ng. counting.
begin	ndar year (or fiscal year ning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,774,049.	3,337,899.	3,558,285.	3,222,845.	13,893,078.
<u>16</u>	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	471,435.	837,898.	944,721.	890,608.	3,144,662.
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	42,763.	57,220.	58,461.	47,952.	206,396.
19	Net income from unrelated business					
20	activities not included in line 18  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			SEE STATEME		
	sale of capital assets	1,208.			19,638.	96,756.
23	Total of lines 15 through 22	4,289,455.	4,284,773.	4,585,621.	4,181,043.	17,340,892.
24	Line 23 minus line 17	42,895.	42,848.	3,640,900. 45,856.	3,290,435. 41,810.	14,196,230.
25 26	Enter 1% of line 23 Organizations described on lines 1	· · · · · · · · · · · · · · · · · · ·	•		41,610. ▶ 26a	283,925.
	Prepare a list for your records to sho		• • •		· -	203,323.
U	unit or publicly supported organization		•	•	1 1	
	Do not file this list with your return.	•	=			217,075.
ε	Total support for section 509(a)(1) to				► 26c	14,196,230.
d	Add: Amounts from column (e) for li	· · · · · · · · · · · · · · · · · · ·	06,396. <sub>19</sub>			
		22	96,756. 26b	217,07	<del></del>	520,227.
е	Public support (line 26c minus line 2				≥ 268	13,676,003.
<u>_f</u>	Public support percentage (line 266				. P 26f	96.3355%
27	Organizations described on line 12:					•
	records to show the name of, and to such amounts for each year	N/A	ich year from, each 'disqu	Jaillieu person <b>Du liu</b> t ili	e uns ust water your retur	n. Enter the Sum of
	(2001)	(2000)	(19	999) .	. (1998)	
b	For any amount included in line 17 th					
	and amount received for each year, t		•	•	• • •	~
	described in lines 5 through 11, as we the larger amount described in (1) or	r (2), enter the sum of the	se differences (the exces	s amounts) for each year.	N/A	mount received and
	•	(2000)	•	999)	• •	
C	Add Amounts from column (e) for li		<del></del>			NI / A
4	· · · · · · · · · · · · · · · · · · ·		d line 27b total	21	► 27c   ► 27d	N/A N/A
<b>a</b>	Add: Line 27a total  Public support (line 27c total minus		J IIIIG Z/U LULAI	<u></u>	278	N/A
í	Total support for section 509(a)(2) to	•	23, column (e)	▶   27f	N/A	
g	Public support percentage (line				. ► 27g	N/A %
<u>h</u>	Investment income percentage				or)) <b>&gt;</b> 27h	N/A %
28 L	Inusual Grants: For an organization	described in line 10, 11.	or 12 that received any u	nusual orants during 199	8 through 2001, prepare a	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 223121 01-22-03

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

Schedule A (Form 990 or 990-EZ) 2002 FORMERLY BATTERED WOMEN'S ALT'S

Private School Questionnaire (See page 7 of the instructions)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	ſ	
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?	32d		
	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			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
8	Educational policies?	33e		
f	Use of facilities?	331		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
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?	34b		
	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 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C B. 587, covering racial nondiscrimination? If "No." attach an explanation	25	- 1	

Schedule A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002 FORMERLY BATTERED WOMEN'S ALT'S

Pa. VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Check b if the organization belongs to an affiliated group If you checked "a" and "limited control" provisions apply Check ► a (a) (b) Limits on Lobbying Expenditures Affiliated group To be completed for ALL totals electing organizations (The term "expenditures" means amounts paid or incurred ) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 Total exempt purpose expenditures (add lines 38 and 39) .... 40 40 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 41 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 \$1,000,000 Over \$17,000,000 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 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.) Lobbying Expenditures During 4-Year Averaging Period N/A Calendar year (or (a) (b) (c) (e) 2002 2001 fiscal year beginning in) 2000 1999 Total 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount 0. (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions ) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes Amount influence public opinion on a legislative matter or referendum, through the use of: a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means 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.

223141 01-22-0 Schedule A (Form 990 or 990-EZ) 2002 FORMERLY BATTERED WOMEN'S ALT'S

Fa.		zations (See page 12 of the inst		u nelationships With Nonchari	lable		
51 C		firectly or indirectly engage in any of		r organization described in section			
		section 501(c)(3) organizations) or		olitical organizations?			1
	•	ganization to a noncharitable exemp	ot organization of:		E1-(I)	Yes	
	(i) Cash Ii) Otherassets	• • • • •	• •	•	51a(i) a(ii)		X
	ther transactions:	•		•	4(11)		<u> </u>
		ets with a noncharitable exempt orga	anization		b(I)		X
	: *	a noncharitable exempt organization			b(ii)		X
(i	ii) Rental of facilities, equipme	ent, or other assets			b(lii)		X
	v) Reimbursement arrangeme	ents			b(iv)		X
	v) Loans or loan guarantees				b(v)		X
		r membership or fundraisıng solicital , maılıng lısts, other assets, or paid e			b(vi)		X
	•	-		always show the fair market value of the	<u> </u>		
		s given by the reporting organization		=			
tr	ansaction or sharing arrangen	nent, show in column (d) the value o	of the goods, other assets, o	r services received:	1	N/A	·
(a) Line no	(b) Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, transactions, and	sharing arr	angen	nents
			, <u></u> , -				
					-		
					<u></u> _		
C	ode (other than section 501(c)	(3)) or in section 527?	one or more tax-exempt orga	anizations described in section 501(c) of the	Yes	X	] No
b If	"Yes," complete the following s		T (b)	(A)			
	(a) Name of org	janization	(b) Type of organization	(c) Description of relationsh	IP		
				· · · · · · · · · · · · · · · · · · ·			
						<del></del> .	
				· · · · · · · · · · · · · · · · · · ·			
· · · ·				·			
223151					000 00		

FORM 990 GAIN (LOS	SS) FROM P	UBLICLY I	RADED 8	SECURITI	ES	STATEMENT	1
DESCRIPTION		GROSS ES PRICE			EXPENSE OF SALE		
PUBLICLY TRADED SECURITIES		336,718.	388	8,087.	0	. <51,3	369.>
TO FORM 990, PART I, LINI	E 8	336,718.	388	3,087.	0	. <51,3	369.>
FORM 990	SPECIAL E	VENTS AND	ACTIV	ITIES		STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPT	CONTRI S INCLU		GROSS REVENUE	DIRE EXPEN		IE
RBL JOIE DE VIVRE OTHER	128,29 105,50 2,91	4.		128,290 105,504 2,910	. 43,9	18. 61,5	
TO FM 990, PART I, LINE 9	236,70	4.		236,704	64,2	172,4	57.
FORM 990 OTHER CHA	ANGES IN N	ET ASSETS	OR FUN	ID BALANG	CES	STATEMENT	3
DESCRIPTION						AMOUNT	
PRIOR PERIOD ADJUSTMENT - PRIOR PERIOD ADJUSTMENT - NET UNREALIZED GAIN ON IN	· UNDERSTA				- -	<58,8 <48,8 10,8	64.>
TOTAL TO FORM 990, PART I	, LINE 20				=	<96,8	41.>
FORM 990	0'.	THER EXPE	NSES			STATEMENT	4
	(A)	•	3) GRAM	(C) MANAGE		(D)	
DESCRIPTION	TOTAL		VICES	AND GE		FUNDRAISI	NG
	315,572	2. 1:		·	0,075.	27,6	

C VIOLENCE FORMERL			94-2476576
15,793.	12,525.	122.	3,146.
15,404.	15,404.		•
13,865.	10,133.	3,414.	318.
11,899.	5,409.	4,415.	2,075.
8,913.	7,985.	421.	507.
1,770.	1,770.		
	•		
9,143.	8,020.	528.	595.
10,449.	202.	10,247.	
31,364.	5,693.	25,671.	
77,557.	77,557.		
689,424.	460,222.	145,532.	83,670.
_	15,793. 15,404. 13,865. 11,899. 8,913. 1,770. 9,143. 10,449. 31,364. 77,557.	15,793. 12,525. 15,404. 15,404. 13,865. 10,133. 11,899. 5,409. 8,913. 7,985. 1,770. 1,770. 9,143. 8,020. 10,449. 202. 31,364. 5,693. 77,557. 77,557.	15,793.       12,525.       122.         15,404.       15,404.       3,414.         13,865.       10,133.       3,414.         11,899.       5,409.       4,415.         8,913.       7,985.       421.         1,770.       1,770.         9,143.       8,020.       528.         10,449.       202.       10,247.         31,364.       5,693.       25,671.         77,557.       77,557.

#### **EXPLANATION**

FORM 990

TO PROVIDE 24-HOUR ASSISTANCE TO BATTERED WOMEN IN THE FORM OF HOUSING, COUNSELING, LEGAL ASSISTANCE, AND EMPLOYMENT PLACEMENT ASSISTANCE AND TO REDUCE DOMESTIC VIOLENCE THROUGH COMMUNITY OUTREACH AND COUNSELING.

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PART III

STATEMENT

F/ARM 990 ·	STATEMENT OF PROGRAM SERVICE ACC	COMPLISHMENTS	STATEMENT	
DESCRIPTION (	OF PROGRAM SERVICE ONE			
WOMEN AND THE THEIR LIVES.	SAFE HOMES - PROVIDING SHELTER FOR EIR CHILDREN WHILE THEY ATTEMPT TO F THE AVERAGE STAY IS 4 WEEKS IN EMER RANSITIONAL HOUSING AND 3 DAYS AT TH	RECONSTRUCT RGENCY HOUSING		
		GRANTS	EXPENSES	
TO FORM 990,	PART III, LINE A		885,71	11.
FORM 990	STATEMENT OF PROGRAM SERVICE ACC	OMPLISHMENTS	STATEMENT	<del></del> 7
DESCRIPTION C	OF PROGRAM SERVICE TWO			
VOLUNTEERS, C CONTACT WITH IMMEDIATE CRI	CRISIS COUNSELING AND SUPPORT - THE	TAND PROVIDES DUAL		
VOLUNTEERS, C CONTACT WITH IMMEDIATE CRI	CRISIS COUNSELING AND SUPPORT - THE STAND IS GENERALLY BY TELEPHONE. SESIS COUNSELING ARRANGEMENTS, INDIVI	TAND PROVIDES DUAL	EXPENSES	
VOLUNTEERS, CONTACT WITH IMMEDIATE CRICOUNSELING, S	CRISIS COUNSELING AND SUPPORT - THE STAND IS GENERALLY BY TELEPHONE. SESIS COUNSELING ARRANGEMENTS, INDIVI	TAND PROVIDES DUAL B PLACEMENT.	EXPENSES 719,99	3.
VOLUNTEERS, CONTACT WITH IMMEDIATE CRICOUNSELING, S	CRISIS COUNSELING AND SUPPORT - THE STAND IS GENERALLY BY TELEPHONE. SESIS COUNSELING ARRANGEMENTS, INDIVICUPPORT GROUPS, PEER ADVOCACY AND JO	TAND PROVIDES DUAL B PLACEMENT. GRANTS	<del></del>	93.
VOLUNTEERS, CONTACT WITH IMMEDIATE CRICOUNSELING, S	CRISIS COUNSELING AND SUPPORT - THE STAND IS GENERALLY BY TELEPHONE. SESIS COUNSELING ARRANGEMENTS, INDIVICUPPORT GROUPS, PEER ADVOCACY AND JOSPART III, LINE B	TAND PROVIDES DUAL B PLACEMENT. GRANTS	719,99	
VOLUNTEERS, CONTACT WITH IMMEDIATE CRI COUNSELING, S TO FORM 990,	CRISIS COUNSELING AND SUPPORT - THE STAND IS GENERALLY BY TELEPHONE. S SIS COUNSELING ARRANGEMENTS, INDIVI SUPPORT GROUPS, PEER ADVOCACY AND JO  PART III, LINE B  OTHER PROGRAM SERVI	TAND PROVIDES DUAL B PLACEMENT.  GRANTS  CES  GRANTS AND	719,99	9.9.9.

FORM 990	OTHER INVESTMENTS	S	STATEMENT 9
DESCRIPTION		VALUATION METHOD	AMOUNT
SECURITIES		COST	377,168.
TOTAL TO FORM	990, PART IV, LINE 56, COLUMN B		377,168.
FORM 990	OTHER ASSETS		STATEMENT 10
DESCRIPTION			AMOUNT
DEPOSITS ACCRUED INTERE	ST RECEIVABLE		8,821. 1,518.
TOTAL TO FORM	990, PART IV, LINE 58, COLUMN B		10,339.
FORM 990	OTHER LIABILITIES		STATEMENT 11
DESCRIPTION			AMOUNT
CURRENT MATURI DUE TO OTHER A	TIES OF NOTES PAYABLE GENCIES		175,440. 161,312.
TOTAL TO FORM	990, PART IV, LINE 65, COLUMN B		336,752.
FORM 990	OTHER REVENUE NOT INCLUDED O	N FORM 990	STATEMENT 12
DESCRIPTION			AMOUNT
			CA 247
FUNDRAISING EX	PENSES		64,247.

EFRM 990 OTHER EXPEN	SES NOT	INCLUDED	ON FO	ORM 9	90 8	STATEMENT	13
DESCRIPTION						AMOUNT	
FUNDRAISING EXPENSES						64,2	47.
TOTAL TO FORM 990, PART IV-B					_	64,2	47.
SCHEDULE A	ОТН	ER INCOME				STATEMENT	14
SCHEDULE A DESCRIPTION	OTH 200 AMOU	1	2000 MOUNT		1999 AMOUNT	STATEMENT 1998 AMOUNT	
	200 AMOU	1	2000	56.	1999	1998 AMOUNT	· · · · · · · · · · · · · · · · · · ·

gainst Domestic Violence	
f & committeed Description	
Accumulated Depreciation	
r Ended June 30, 2003	

STAND Against Domestic Violence Schedule of Accumulated Depreciation Fiscal Year Ended June 30, 2003	ence eciation 13						17				
					Monthly	Accumulated	Depreciation	Dep Exp		Accumulated	Nat
*	Date Acquired	Balance 6/30/2003	-	Useful Life(Mths)	Deprin	Depreciation 06/30/02	Expense	Adjustment 06/30/03	Disposate 06/30/03	Deproclation 06/30/02	Book Value 6/30/2003
ONT		658,456 00								٠	858 458 00
SONICTIME											
Shelter	00/31/79	41 190 00		98	11442	31,350 24	4975.04			32,723 28	8,466 71
Shelter Renovation	98/06/60	65 036 79		8	8	32,468 62	2,167.92			34,634 54	30 402 15
Transborrat Housing	06/31/69	759 659 50		8	2 137 94	307,863 60	25 200 SE			333 518 88	436 140 72
Aud Appenment	28/30/30	00/25/1		<b>8</b> 9	8 :	5,842.50				8 426 88	11 100 12
Notice majorin Centre	09/30/96	00 698 655 81 075 750 7		<b>8</b> 8	8 1	62,309.30	1,326.96			73 638 26	266.230 74
Total Buildings	1	3 285 802 58			90 909 9	782,914 18	D.		•	870 540 48	2,415,282.10
RUIT DOWN IMPROVEMENTS											
Shafter Shafter	06/30/80	2,881.01		ð		2 881 01			,	2,881 01	•
Shelter	11/30/83	21 159 00		240	<b>88.</b> 16	18 646 02	25/1904			19,703 84	1 455 06
Aspen Orive	11/30/87	23 686 13		8	260 24	42 419 04	3,2246			45,541 92	48 144 21
Aspen Drive - Teen Offices	68/06/90	8 1	354.57	8	240 64	34,652.52			(34,652 52)	•	•
Aspen Dive - Landscaping	09/30/89	8 8		8 5	£ ;	1,038 12			(1 038 12)	•	
TH Renovation	08/31/80	33 SZ 82		3 8	2 6	0.433.20	. TH333		(0, 500,)	10.376.57	
Shatter Heater	02/28/52	857.00		ē	8 8	371 00	2.5			408 08	14892
Aspen Mens Heater	03/31/83	80		š	6 87	824 24			(824 24)	•	
Transitional Housing	25/22/20	90 00 95		š	8	380 00	00			396 00	¥.
Paving - Aspen	28/16/80	80		ŝ	41.	783 95			(763 65)		
TH Computer Lab	4 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	8888		8 5	a 5	5,541 76	818			6,183.72	13,366.28
Doors - DVTP	28/10/80	3,950 00		<u> </u>	2 22	2 732 32	236.			3 127 36	20 121
Rock - TH	08/31/85	1,125 80		52	*	778 52	12.59			891 08	234.72
Carpel - Aspen	10/31/85	80		ē	8	2 728 91			(2 728 91)	•	
Counters - Aspen	11/30/85	8 8		ξ <u>ξ</u>	2 2	1,109 17			(1,109 17)		•
Carpet - TH	00/20/20	15 989 62		Š	2 15 25 25	10,126 99	00 peg 1		(47 786'7)	11 725 99	426163
Feroe TH	98/02/90	1,000 00		5	8	589 78	8			699 72	300 28
Corporate Graphics	11/30/85	05.752		52	18.2	562 32	10 m			656 04	281 46
Carpst - Shelter WG	11/30/86	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ē į	d i	2,505 80	2			2 954 60	1,533.94
Renovation - Carbon Disconnect For demand M. C.	12/31/30	B 97 87 37		8 8	2 2	11,294,58	270072			13 348 14	7.186.86
West County Office Renovation	12/31/67	00 000 9		š š	7 2 8 8	2,872 34	95 769			3.506.90	171515
Derzig Plaza Office Renovation	12/01/97	3 632.00		52	8	1 647 82	80.00 M			2,011 90	01 023 1
Finance / HR Office Renovation	96/03/90	5 624 00		52	79 67	2,155 95	PR 7005			2,718 39	2,905 61
Legal Dept. Office Renovation	05/19/89	7 622 00		5	8	2,350 20				3,112 44	4,509.56
Carpet 119 Flame Or Dead Disease - Death Consenting	00/10/90	261364		8 8	27 F	784 12	81.88 1.00			1,045 48	91 196 19
Willem H Moran Construction (Support Serv.)	WIP	15 157 00		Š	R 86	12.071.52	6.035.76			18 107 28	10/6/20
Kan Witzie - RMC Remodel		7 150 00		120	<b>3</b> 5	1,429 92	10,54			2 144 88	5 005 12
(Z) Heaters/MLC	03/03/03	1 825 00		52	18.21		4 80 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			60 83	11 1261 17
Furnace	63/31/03	2,500 00		120	2		62.50			62 50	2,437 50
Furnice	6975/0	2,910 08		Ē	24.28					72 75	2,837.33
(2) Heaters/MLC	03/2/03	120000		2	8		888			30 00	8 67 1 1
	CONSONE	2,73000		ŝ	<b>2</b>		5788.79 79 70 70 70 70 70 70 70 70 70 70 70 70 70			68 75	2 681 25
Total Building Improvements	l	335 974 91			224840	185 767 16	\$5,500,15 3,500,25		(45,585.85)	162,083 59	ZZ 1838 E.7.1
LEASEHOLD IMPROVEMENTS											
AT&T	<b>46/15/80</b>	6 291 15		981	Z B	3,320 27	0+01+			3 739 67	2,351 48
Corporate Graphics	11/30/85	25 25 25 25 25 25 25 25 25 25 25 25 25 2		<b>8</b> 8	8 t	498 63	76.20			568 83	69 73
		3		ğ	ř	200				95 806	117113
Total Leasehold Improvements		8 691 17			8	4,085 20	897.68			4,677 88	4,213.29
							The state of the state of				

gainst Domestic Violence	ed Depreciation	. 20 2001
gainst Domes	<b>Accumulated</b>	

Schedule of Accumulated Depreciation Fiscal Year Ended June 30, 2003	Depreciation 0, 2003				-	1				
				Monthly	Accumulated	Deprisciplina	Dep Exp		Accumulated	Net
	Darte Acquired	Balance 6/30/2003	Useful Usefulus)	Deprin	Depreciation 06/30/02	Experiment Office of the Control of	Adjustment 06/30/03	Disposals 06/30/03	Depreciation 06/30/02	Book Value 6/30/2003
Furniture, Fixtures & Computers			=							
File Cathone	043083	20 22	8 1		133 02				133 02	
File Calberret	20000	) SS 4	8 8		309 87				309 87	
Abr	12/31/83	30,700	8		307 80				307 80	
Filing Cabinets	07/31/85	35.0	8		35 10				35 10	
VCR - Shafter	11/30/85	27 906	8		30872				306 72	•
Computer - Men	00/10/00	80	8		2 052 26			(2,052 26)	•	•
Video Equipment	09/30/86	1 451 40	8		1,451 40				1 451 40	•
IV & Video Equip	10/31/86	75 716	8		317.37				317 37	,
Victor Equip	11/30/86	377 50	8		377 50				377 50	•
fwo Typawniters	11/30/86	5771	8		07 777 1				07 177,1	
Typewriter	78/15/60	847.30 00	8		447 30				447 30	
65-65-65-65-65-65-65-65-65-65-65-65-65-6	03/31/47	8 :	8 1		6300				63 00	•
	07/31/87	25 A	8 8		00410				314 86	
Computer	78/15/70	8	8		107134			(1,071 34)	,	•
	07/31/87	159 75	8		159 75				159 75	
1	78/15/80	800	8		1,051 16			(1 051 16)	•	•
Сотрый	78/00/60	80	8		2 135 33			(2,135 33)	•	•
e and	10/31/87	20 St.	8		149 09				149 09	•
thrones	18/18/01	8 8	8 1		1 051 60				1,051 60	•
III bysuen noutes	10/31/6/	98	8 8		1,62,526			(5.069.05)	1 623 25	•
three .	11/30/87	381.27	8		381.27			(10 000)(1)	381 27	
Mini Bitnds	11/30/67	31631	8		318 31				316 31	
2	78/00/80	8	8		253 47			(253 47)	•	
Software	98/00/99	8 1	8 1		191 69	al		(191 69)		٠
a contrar	000000	62.61	8 8		02 21E,1	196		100 000	1,312.25	
	88/00/60	10 ES	. 8		427.04			(co cox c)	427.04	
elephone -ATT	09/30/69	57 BGE	8		398 73	10 mg			398 73	•
VC Pump	69/16/50	250.00	8		250 00				250 00	•
um.	68/05/90	15022	8		150 22				150 22	
sher/ Oryer	06/30/89	1,018 85	8		1 018 85				1 018 85	
and refer	0//31/00	20 20 20 20 20 20 20 20 20 20 20 20 20 2	8 8		438 04				63604	
or Software	02/28/90	12.221.30	8 8		12,221 30				7 221 30	
di Conditioner - Upgrade	08/30/80	1,922.47	8		1 922 47				1 822 47	•
thri Billects	08/06/80	2,787 15	8		2 787 15	一なの意味が			2 787 15	
	08/30/90	1,791 08	8		1 791 08				1,791 08	
ectrical Work	12/31/90	708.01	8		10801				708 01	
bles & Chains	12/31/90	1,521.08	8		1 621 08	12.2			1,621 08	٠
aer Printer	08/31/92	809.76	8		82 869				92 869	
mputer December	12031082	3 8	8 8		/8888 t	1		(1,888 97)	•	•
150	50/15/50	201550	8 8		2013.28			(3 813 28)	. 336	•
mputer - Teen	08/30/83	8	8		1 539 34			(1 539 34)	7,013.30	•
Computer Acct	06/30/83	80	8		2 817 60			(2 817 60)	,	
Computer Support Serv	08/30/83	8	8		1 549 09			(1,549 09)	•	•
Locounting Software	55/05/90	357500	8		3,575 00	7. 1000000000000000000000000000000000000			3,575 00	•
9 Computer & Prog	D1/31/84	800	8		2 080 85			(2 060 85)	•	
Aen s Computer	M216/10	8 1	8 :		1 060 85			(1 060 85)	•	•
Stove - Shadier	1900/10	S 1	8 :		730 59				730 58	
Togrammeng Men	10000	8 8	8 1		00 000	一次の対			00 008	
Computer - research	1000	3 5	8 8		1,412 09			(1,412.09)		
rogramming Man	M600000	2242 50	3 8		224250				7 242 50	
we Computers	16/00/90	8	8		2 780 08					
					3.300 to .			(3) 360 DR)		

Page 3

STAND Against Domestic Violence Schedule of Accumulated Depreciation Fiscal Year Ended June 30, 2003	lence eciation N3									
				Monthly	Accumulated	Depreciation	Dep Exp		Accumulated	Net
	Date	Balance	Dest.	ę,	Depraclation	Expense	Adjustment	Disposats	Depreciation	Book Value
	Acquired 8/30/2003	6/30/2003	Life(Miha)	Amount	06/30/02	DECTORUS	06/30/03	06/30/03	08/30/02	6/30/2003
Laser Jet - Personnal	H8/15/10	000	8		648 42	•		(648 42)	•	

STAND Against Domestic Violence Schedule of Accumulated Depreciation Fiscal Year Ended June 30, 2003	lence reciation 03				<u> </u>					
	<b>!</b>			Mondaly	Accumulated	Depreciation	Dep Exp		Accumulated	N.
	Date	Balance	Useflet	Deprin	Depreciation	Expense	Adjustment	Disposals	Depreciation	Book Value
486 Computer - Develop	07/31/PM	80	8		1,151 78			(1 151 78)		
Epson Action laser - Develop	941570	80	8		703 61			(703 61)		
Laser & Jet Memony - Develop	11/30/94	000	8		1,984 22			(1,984 22)	•	
MIP Accounting Software	07/51/ <b>94</b>	05.250	8		892 50				892 50	
Bunk Bods - Shalter	04/30/85	25 823 4	8		4,656 92				4,658 92	
Refrigerator	98,30,89	2, 22	8 1		787 74				787 74	
Character Nichtmen	900000	* 5	8 8		10 CE 5				25 BZG	•
Computer - Volunteer	98,00,60	676	8 8	8 8	947 19			(947 19)	/8.7°C	
Laser Printer Teen	09/30/95	8 8	8	2 2	475 22			(27, 12)	•	,
Leser Printer - Develop	10/31/95	80	8	7.	1,460 29			(1 460 29)	•	
Computer - MCOP	10/31/55	80	8	20.0	1 058 69			(1 058 69)	•	,
Phone System Addition SS	11/30/85	1,002.18	8	ē.	1 002 16				1 002 16	
Computer & Printer - MCOP	12/31/86	980	8	17 86	1,077 83			(1,077 83)		
Computer - DVTP	02/2/20	80	8	5	649 50			(849 50)	•	•
Computer - Develop	02/25/96	80	8	17 48	1,047 86			(1 047 86)	•	
Computer - Legal	98/30/80	1,156.03	8	22	1,155 03				1,155 03	•
Richmond Phone Addition - Legal	07/31/86	470 S6	8	ž	470 56				470 58	•
Air Conditioner - TH	96/30/96	1 665 00	8	۲. ۲	1,865 00	av.			1,665 00	
Laser Printer - DVTP	06/30/96	8	8	ž	518 52			(518 52)		
	98/30/30	200500	8 1	2	2,005 00				2 005 00	
Development Computer System	86/15/80	20 A	8 1	8 1	90 70 9				6,884 06	
Connector & Detect	0011010	, R 8	B 6	R 9	90,190				06 130	
ATAT Plone Engineers	10/31/56	9 9 9	8 8	2 2	1140 00				14000	
Phone System - Danzig	11/30/96	35 55 25	8 8	26.	35,853.32	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			35.853.32	
Copiers - Derzig	12/31/96	10 106 33	8	1689.7	10 188 33				10,186 33	
Applances - RMC	12/31/96	13 651 57	8	227.53	13,651 57	""			13,651 57	i
Furnitus RMC	12/31/96	10 739 80	8	90 87	10,739 80				10,739 80	
Play Structure - RMC	12/31/86	517300	8	66 22	5,173 00				5 173 00	•
Blinds - RMC	78/15/10	5 187 93	8	<i>1</i> 7 00	5 167 93	***************************************			5 187 93	
Appliances - WC Shelber	78/15/10	2.01.75	8	8	2,16175	一			2 161 75	
RMC - Phone System	02/28/67	45 995 20	8	20	45 985 20				45 985 20	
Katamend Phone Addition 55	75/1/67	8 8	8 8	1 t	470 55				47055	•
Communication System	08401497	2,518.78	8 8	\$ \$	1 494 47	H. Ye			0,000 to	,
HP Printer	08/01/97	£ 2	8 8	2 2	415 36	682			422 18	
Computer Equipment for Acctg Office	10/01/97	2,208.30	8	8	2,098 17	140 13			2,208 30	
Server for Danzég	10/01/97	1,240 55	8	8	1,17876	BL78			1,240 55	
Phone Equipment	88/10/20	22 121 83	8	368.70	19 172 38	110010	1,843.45		22,121 93	80
Computer Systems	03/01/06	3,765,35	8	25	3,263 42	88.28	313 65		3,765 35	
Diah Washer - W County	98/10/0	£ ;	8 1	2 ;	243 90	107	23 47		281 44	8
One Company Natural Secure	80.050	2002	8 8	8 8	1 63 000 4	33	20.02		140 35	8
Computers for DVT Aspen	08/01/88	00 000 7	8	7: 23	3 992 02	1.00.00	748 53		00 000 4	3
Computer Equipment	04/01/98	2,164.98	8	8	1,788 05		324 72		2 164 98	000
Audit Adjustments		000	8		(852 16)	がある。		852 18	•	
Typewiter & Table	03/31/83	8	8		44 00	400			44 00	
Three Typewriters	12/31/84	828	8		853 25				653 25	
Typewitters	M20020	2 2 2	8 8		24196	一次数次的			24198	
T	COLLEGE COLLEGE	ğ <b>ğ</b>	8 8		C1 C71				12015	
Arawatro Machina	04/30/86	1 8 1 8	8 8		69 08				F 00 00	
VCR	10/31/86	8 8	8		98 99				98 89	
Copier	19492/20	1 465 63	8		1 485 68				1 485 68	
VCR	11/30/67	88 171	8		171 89				171 98	
Printer & Software	10/31/80	80	8		1,430 01			(1,430 01)		•
Computer	11/30/92	800	8		1,593 44			(1,593 44)	•	
Computer	08/30/80	80	8		1,254 62			(1,254 62)	•	
Carl Solvan	Series in	3	8		1,240 052,1	- A		(1,240 65)	•	

New York	Fiscal Year Ended June 30, 2003	2003					· · · · · · · · · · · · · · · · · · ·				
Column   C		į			Monthly	Accumulated	Deprechation	Dep Exp		Accumulated	Z.
	,	Date Acquired	Balance 6/30/2003	Useful Ufw(Mths)	Pept's Amount	Depreciation 08/30/02	Eupense S	Adjustment 0e/30/03	Disposals 06/30/03	Depreciation 08/30/02	Book Vatue 6/30/2003
Colored   Colo		95/31/94				1 683 80	10 Company 1		(00 (00 1)		
	moutes Memory - Uromate	50,510	3 8	3 8		90 500'.			(1,883 89)	•	•
	n Committee			1 8		11 503 441			(20 815)	•	•
	nunder & Preder	20170	3 8	3 8		(F-585.1)			1,385 44	•	•
1,122.0   1,12	delar	98/10/90	125	: <b>&amp;</b>		54125			(20 1 (2.7)	541.25	•
1970   1970	ent Teich Richmond Office Phone System	10/16/36	5 080 78	8	2 8	3,725 90	1019.16			4 742 08	6 811
	Apperators for MLC & Denzig	08/23/89	1 287 47	8	<b>9</b>	772 53	29792			1,030.05	400
1,000,000   1,00	Leseubel Printer Finance	11/20/98	1,286 47	8	21.12	907 68	200			1 151 00	\$ 501
10.000   10.01   10.0000   10.0000   10.0000   10.0000   10.0000   10.000	LeserJet Printer Development	07/28/98	1,46133	8	24.38	1,144 82	2023			1 437 14	7
	Appress	07/28/98	55	8	13.77	647.29	1,165.24			812.53	
1,100,000   1,10	for for Development	07/25/96	200	. 8	2	415 95	10 10 10 10 10 10 10 10 10 10 10 10 10 1			522 15	
1999   1999	puter for DVTP	07/04/96	227.65	8	2	178 23	A			27.500	: ;
1960   1962	re System - East County Office	01/29/89	5 908 61	. 8	. 8	4.077 10	E-101-28			85.02C \$	÷ ,
	the Copier for Richmond Office	11,06/96	3.62.55	8	. IS	2 474 27	\$7 GB			2,240.50	
1,10,100   1,10,11   1,10,10   1,1	o Camera for CATS	28/08/88	28.52	8	12.50	988	201910			717.68	
	iba Notebook	01/10/99	1 623 74	8	90 /2	05 801.1	200			24.2	5
100   100	asserJet printer	01/19/39	P57 724	8	12.63	517.82	181.86			86 088	
130   130	Asserted Printer	01/19/99	88	8	271	59163	914.18			784 95	
100.0000   100.0000   100.0000   100.0000   100.0000   100.00000   100.0000	outer Monitors ( Eight)	05/14/99	1 324 45		20.02	818.64				20 40	
1970   1970	AMD KS-II 333 Systems	03/16/99	2,000,00	8	8	1 299 82				460 40	
1,144 c)	Jum 200 System for Support Services	06/30/90	407 13	8	8 12	292 31				389 75	\$
1970   1970	speed Computer	01/19/30	1 677 75	8	27.98	1,146 40				1 481 92	361
100   100	Jum 186 System for Support Serv	06/30/89	27 <b>4</b> 78	8	40	194 79	ilor.			259 71	65
1,000 at	K8-II Computer System	09/16/96	814.04	8	13 57	610 60	1978			773 44	09 04
1,000,000   1,00	Personal Laser Printer for DVTP	10/31/86	6440	8	5,0	472 19	DE 802			90009	50 65
1700   1700   1700   1700   180	Washers (2)	040400	1 202 52	8	2	247.04	P (0)			789 52	90 59
10000000   10000000   1000000   1000000   1000000   1000000   100000   1000000   1000000   1000000   100000   100000   100000	chem Fire System-Flame Drive	03/20/30	1 700 00	8	28 23	99159	330 86			1 331 55	368 45
1,000	ima LCD Projector	10/07/99	2 730 00	8	8	1,456 00	2000			2 002 00	728 00
1101   1101	Qeration	09/23/80	480 18	8	8	294 02	0098			360 02	120 14
12000000   12000000   12000000   12000000   12000000   12000000   12000000   12000000   12000000   12000000   12000000   1200000   12000000   12000000   1200000   12000000   12000000   1200000   12000000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   1200000   120000   120000   120000   120000   120000   1200000   120000   120000   120000   120000	able Air Conditioner	07/13/89	1 406 00	8	22	820 028	281 16			1 101 25	304 75
1,000   1,001   1,00	puters Bare Bones KB-2 (4)	12/10/88	88	8	÷	350 08	400			490 12	209 88
1,200   1,201   1,00	putiers Bare Bones (5)	09/10/99	1607.33	8	2	884.06	# X			1,205 54	401 79
CONTINUE	puters Bare Bones (2)/Hard drives (5)	00000	1,69,1	8	25	851 04	7.00			1 229 28	11 199
CLOSON   C	puters Bare Bones (2)	03/30/00	13 E	8	<b>5</b>	432 55	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			624 79	336 54
COCK-000   STATE   STAT	start/7) savog aver a send	0//2/10	6 12 13 13 13 13 13 13 13 13 13 13 13 13 13	8		631.70				631 70	80
CONTINUED   100.0000	purers dura cores (4)	00/20/20	252802	8	8	1,015 20	207,080			1 522 80	101523
1,100.000   1,711.000   1,71	(7) OSP 7-CO (MALA MATERIAL (7)	00000	86 E	8	2	485 65	86.88			665 21	332
110,000   1,31 to   1,03	(2)	00000	25 mg.	8	2	45035	7			650 51	350 07
1,000   1,041   2   2   2   2   2   2   2   2   2	ap Computer	30,000	88 I.C.'i	8	28 87	808 35	348.44			1,154 79	F.S
CONTINUE   SALES   SO STATE   S	ner Printer Computer Upgrade	11/3089	1,748 12	8	2	903 31	88 D			1 252 99	495 13
Contract	ron 333mhz Symben	86/10/80	<u> </u>	8	<b>2</b> 9	297 67	788			405 91	135 34
March   Marc	or recht. Literate Priore System	025400	P. 198	8	<b>3</b>	12,025 73	5,72,38			17,798 09	19 690 11
Control   Cont	a Roof Top Arconducting Units - Daring	00/02/00	0.00	<b>8</b> 1	174 80	4,195.20	7.09.00			6,292 80	4 195
According to Support Save   10 1800   17 70   200 00   17 70   200 00   17 70   200 00   17 70   200 00   17 70   200 00   200		De la	8 1	8	8	232 32	10.16			348 48	137
System Provided   19 (10 to 0)   1	El Copier	10/82/90	88 I	8 :	£	280 80	0.001			421 20	280 79
1   1   1   1   1   1   1   1   1   1	and Lech Phone System for Support Serv	10/18/00	15 790 78	8	20 20 20 20 20 20 20 20 20 20 20 20 20 2	6,316 32	3,158,16			9,474.48	6,316,30
17   16   17   16   17   17   17   17	Computer System - Prevention	10/11/0	4 062.63	8	r r	1 625 28	1976 A			2 437 92	1 625 01
171   122   171   172   171	A INC.	700000	B 1	8 :	2 :	17.78	~		(17 78)	•	•
		70.07	2	8	£					171 82	Ē
137/772 61369 64 14.23 6137 6137 6137 6137 6137 6137 6137 613	X Laser Printers 2)	2012760	2.154.04	8	8 2		í.			324 74	1 840 20
103 73 10	P Bank Rec Module	12/17/02	913.68	3	Ę		Ĭ			10137	62 228
1 50 2 20 1 1 20 2 2 1 1 20 2 2 1 1 20 2 2 1 2 2 2 2	Payrol Module	10/31/02	4 723 68	8	E		Ď£.,			629 65	4 094 03
12 DEC 12	AND SANGES	04/03/03	100 E	8	÷		100			35 11	1 018 17
	ob carbons	20/27/00	R 5	8	a a		B. C.			292 27	1 169
										•	

43,269 37

342,241 91

(54,104.32)

4,098 28

365,968 12 28,374,83

5 427 41

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8	
Pa	

STAND Against Domestic Violence Schedule of Accumulated Depreciation Fiscal Year Ended June 30, 2003	Violence Depreciation 3, 2003				L					
				Monthly	Accumulated	Depart cladon y	Dep Exp		Accumulated	NE
	Date	Balance	Useful	Deprin	Depreciation	Expense (	Adjustment	Disposals	Depreclation	Book Value
	Acquired	6/30/2003	Life(Mths)	Amount	06/30/02	becodes ""	06/30/03	06/30/03	06/30/02	6/30/2003
CAPITALIZED LEASES			!				30 468 11			
Lenies copies for Danzing	11,03,87	610	8	318.20	17 139 58			(17,139 58)	•	61.0
Larves copies for Aupen	12/01/97	000	8	315.37	16,835 53			(16 835 53)		
Lenier copier for Denzig - Digital	05/10/20	0000	80 00	284 08	10 226 88	1.50		(10 226 58)		
		013		25 28	4,20198	000		(44 201 89)	800	610
DATABASE PROJECT					4.					
Centratized Data Base	08729/01	166,220 97	8 85	1 568 51	18 822 12	2. 238			37 644 24	150,576 73
TOTAL	1 1	5 062,859 04		19,178.22	138175875	प्रकारका 💝 💛	4 096 28	(143 982 16)	1 417 158 10	3 645 670 95
	I	3 062,839 04			اسا	1784 - 385	\	cross chk	1,417,188 10	1,417,188 10
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211,911

## Form **8868**

. (Dec. 1ber 2000)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this not complete Part II unless you have already been granted an automatic 3-month extension on a	•		
Part I	Automatic 3-Month Extension of Time - Only submit original (no copies needed)			
All other	rm 990-T corporations requesting an automatic 6-month extension - check this box and complete Part is corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file inco Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1	me tax		
Type or print	Name of Exempt Organization STAND! AGAINST DOMESTIC VIOLENCE FORMERLY BATTERED WOMEN'S ALT'S	Employer identification number 94-2476576		
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions.  P.O. BOX 6406			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CONCORD, CA 94524			
Check ty	pe of return to be filed (file a separate application for each return):			
For	m 990	227 069		
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>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</li> <li>If it is for part of the group, check this box</li> <li>If it is for part of the group, check this box</li> </ul>				
to t	quest an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY file the exempt organization return for the organization named above. The extension is for the organization calendar year or tax year beginning JUL 1, 2002, and ending JUN 30, 2003	17, 2004.		
2  f t	nis tax year is for less than 12 months, check reason: Initial return	Change in accounting period		
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any arefundable credits. See instructions	<u>\$</u>		
	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit	. <b>\$</b>		
	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with ipon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	FTD <b>\$</b> N/A		
	Signature and Verification			
	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the orrect, and complete, and that I am authorized to prepare this form	best of my knowledge and belief,		
Signature	► Title ►	Date ►		
LHA F	or Paperwork Reduction Act Notice, see instruction	Form <b>8868</b> (12-2000)		