

# 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

OMB No. 1545-0047

**2004**

Open to Public Inspection

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

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? **N/A**  Yes  No (If "No," attach a list)

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

I Group Exemption Number

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

**G** Website: **N/A**

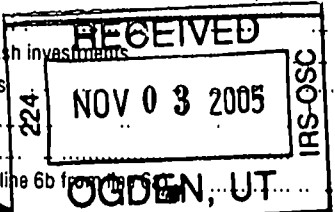
**J** Organization type (check only one)  501(c) ( 3 ) (Insert no )  4947(a)(1) or  527

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,316,676.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	1a	539,568.		
	<b>b</b> Indirect public support	1b	165,647.		
	<b>c</b> Government contributions (grants)	1c	567,530.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>1,272,745.</u> noncash \$ _____)	1d			1,272,745.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			17,775.
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			4,641.
	<b>5</b> Dividends and interest from securities	5			
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe _____)	7				
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b> Less cost or other basis and sales expenses	8a			
	<b>c</b> Gain or (loss) (attach schedule)	8b			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
Revenue	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <u>128,069.</u> of contributions reported on line 1a)	9a	21,515.		
	<b>b</b> Less direct expenses other than fundraising expenses	9b	21,515.		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	0.	
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	<b>11</b> Other revenue (from Part VII, line 103)	11			
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,295,161.
Expenses	<b>13</b> Program services (from line 44, column (B))	13			1,198,394.
	<b>14</b> Management and general (from line 44, column (C))	14			117,079.
	<b>15</b> Fundraising (from line 44, column (D))	15			92,412.
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17			1,407,885.
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18			-112,724.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			659,090.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20			0.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			546,366.



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Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 76,125.	66,229.	5,329.	4,567.
26 Other salaries and wages	26 840,537.	729,907.	58,849.	51,781.
27 Pension plan contributions	27			
28 Other employee benefits	28 103,570.	91,388.	6,554.	5,628.
29 Payroll taxes	29 73,336.	63,690.	5,078.	4,568.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 271.	71.	200.	
34 Telephone	34 20,503.	18,552.	956.	995.
35 Postage and shipping	35			
36 Occupancy	36 112,856.	100,336.	7,065.	5,455.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 8,490.	6,916.	968.	606.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 24,202.	22,379.	958.	865.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 147,995.	98,926.	31,122.	17,947.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 1,407,885.	1,198,394.	117,079.	92,412.

Joint Costs Check  If you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a SHELTER FOR ABUSED WOMEN AND THEIR CHILDREN   (Grants and allocations \$ _____)	343,797.
b COUNSELING FOR ABUSE VICTIMS AND THEIR FAMILIES   (Grants and allocations \$ _____)	378,427.
c COMMUNITY EDUCATION - ABUSE PREVENTION EDUCATION   (Grants and allocations \$ _____)	227,488.
d VICTIM ADVOCACY - SUPPORT SERVICES   (Grants and allocations \$ _____)	248,682.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,198,394.

**Part IV Balance Sheets**

				(A)		(B)	
				Beginning of year		End of year	
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>							
<b>Assets</b>	45	Cash - non-interest-bearing		-276.	45	940.	
	46	Savings and temporary cash investments		469,746.	46	409,694.	
	47 a	47a	Accounts receivable	2,211.			
		47b	Less: allowance for doubtful accounts		9,776.	47c	2,211.
	48 a	48a	Pledges receivable	26,518.			
		48b	Less: allowance for doubtful accounts		42,534.	48c	26,518.
	49	Grants receivable		61,908.	49	61,901.	
	50	Receivables from officers, directors, trustees, and key employees			50		
	51 a	51a	Other notes and loans receivable				
		51b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		27,914.	53	35,148.	
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55 a	55a	Investments - land, buildings, and equipment: basis				
		55b	Less: accumulated depreciation			55c	
56	Investments - other			56			
57 a	57a	Land, buildings, and equipment: basis	327,604.				
	57b	Less: accumulated depreciation <i>STMT 4</i>	216,691.	114,156.	57c	110,913.	
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 5 )		11,615.	58	11,615.		
59	Total assets (add lines 45 through 58) (must equal line 74)		737,373.	59	658,940.		
<b>Liabilities</b>	60	Accounts payable and accrued expenses		78,283.	60	112,574.	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees			63		
	64 a	Tax-exempt bond liabilities			64a		
		b Mortgages and other notes payable			64b		
	65	Other liabilities (describe <input type="checkbox"/> )			65		
66	Total liabilities (add lines 60 through 65)		78,283.	66	112,574.		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		615,443.	67	523,693.	
	68	Temporarily restricted		38,647.	68	17,673.	
	69	Permanently restricted		5,000.	69	5,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		659,090.	73	546,366.		
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		737,373.	74	658,940.		

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



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and compliance.

Located at 5 EVERSLEY AVE, NORWALK, CT ZIP + 4 06851

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See page 33 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM AND OTHER FEES					17,775.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,641.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,641.	17,775.
105 Total (add line 104, columns (B), (D), and (E))					22,416.

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 page 34 of the 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)
93A	COUNSELING FEES CHARGED TO VICTIMS OF DOMESTIC ABUSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the 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 page 34 of the 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)

I have prepared this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I am not aware of any information of which preparer has any knowledge.

Date: 10.24.05  
 Type or print name and title: Sara L. Johnson, Executive Director  
 Check if self-Preparer:   
 Preparer's SSN or PTIN: \_\_\_\_\_

**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

**2004**

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 **DOMESTIC VIOLENCE CRISIS CENTER, INC.** Employer identification number **06 1057356**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHLEEN HEALY 20 PLEASANT STREET , BETHEL, CT 06801	ASSOC DIR 35	51,765.	1,553.	
Total number of other employees paid over \$50,000	0			

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

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

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

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

	Yes	No
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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
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.)		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? ...	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? ..	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) ...	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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

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

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

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

Calendar year (or fiscal year beginning in) .....	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) .....	1,398,747.	1,104,685.	1,161,128.	1,236,342.	4,900,902.
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 .....	30,781.	29,545.	34,817.	31,551.	126,694.
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 .....	2,301.	3,242.	4,893.	5,941.	16,377.
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 .....	32.	82,510.	87,380.	67,873.	237,795.
23 Total of lines 15 through 22 .....	1,431,861.	1,219,982.	1,288,218.	1,341,707.	5,281,768.
24 Line 23 minus line 17 .....	1,401,080.	1,190,437.	1,253,401.	1,310,156.	5,155,074.
25 Enter 1% of line 23 .....	14,319.	12,200.	12,882.	13,417.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a 103,101.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					26b 53,382.
c Total support for section 509(a)(1) test. Enter line 24, column (e) .....					26c 5,155,074.
d Add: Amounts from column (e) for lines: 18 <u>16,377.</u> 19 _____ 22 <u>237,795.</u> 26b <u>53,382.</u>					26d 307,554.
e Public support (line 26c minus line 26d total) .....					26e 4,847,520.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f 94.0340%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					N/A
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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total) .....					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) .....					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V**

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement )		
_____			
_____			
_____			
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 )		
_____			
_____			
34 a	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 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying calling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) N/A

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

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



2004 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of - Depreciation
1	SHELTER FURN & FIXT	VARIES		.000	16	24,694.			24,694.	7,337.		2,384.
2	SHELTER IMPROVEMENTS	VARIES		.000	16	93,911.			93,911.	57,976.		4,078.
3	LEASEHOLD IMPROVEMENTS	VARIES		.000	16	59,261.			59,261.	22,222.		4,939.
4	EQUIPMENT	VARIES		.000	16	13,416.			13,416.	13,035.		85.
5	COMPUTER EQUIP AND SOFTWARE	VARIES		.000	16	63,061.			63,061.	45,299.		5,090.
6	OFFICE FURN & FIXT	VARIES		.000	16	73,261.			73,261.	46,620.		7,626.
	* TOTAL 990 PAGE 2											
	DEPR					327,604.		0.	327,604.	192,489.	0.	24,202.

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 FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1
 

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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
LORD AND TAYLOR	850.	850.			0.
FRIENDRAISER	44,471.	44,471.			0.
WOMEN OF COURAGE LUNCHEON	104,263.	82,748.	21,515.	21,515.	0.
TO FM 990, PART I, LINE 9	149,584.	128,069.	21,515.	21,515.	0.

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 FORM 990 OTHER EXPENSES STATEMENT 2
 

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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING & PUBLIC RELATIONS	4,709.	3,925.	356.	428.
CLIENT SERVICES	8,497.	8,497.		
CONFERENCES AND TRAINING	2,397.	1,064.	159.	1,174.
CONTRACT SERVICES	30,609.	14,666.	15,557.	386.
DUES AND SUBSCRIPTIONS	4,797.	3,759.	707.	331.
INSURANCE	30,713.	23,652.	5,434.	1,627.
LEASED EQUIPMENT	8,599.	7,495.	602.	502.
POSTAGE AND PRINTING	15,008.	7,710.	646.	6,652.
OFFICE SUPPLIES	14,841.	10,687.	2,614.	1,540.
PROFESSIONAL FEES	11,030.	9,625.	763.	642.
REPAIRS AND MAINTENANCE	9,451.	7,756.	1,650.	45.
FUND-RAISING EVENTS	4,614.			4,614.
MISC	2,730.	90.	2,634.	6.
TOTAL TO FM 990, LN 43	147,995.	98,926.	31,122.	17,947.

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 FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
 PART III
 

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## EXPLANATION

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

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SHELTER FURN & FIXT	24,694.	9,721.	14,973.
SHELTER IMPROVEMENTS	93,911.	62,054.	31,857.
LEASEHOLD IMPROVEMENTS	59,261.	27,161.	32,100.
EQUIPMENT	13,416.	13,120.	296.
COMPUTER EQUIP AND SOFTWARE	63,061.	50,389.	12,672.
OFFICE FURN & FIXT	73,261.	54,246.	19,015.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>327,604.</b>	<b>216,691.</b>	<b>110,913.</b>

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FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
SECURITY DEPOSITS	6,615.
ASSETS RESTRICTED FOR LONG-TERM INVESTMENT	5,000.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>11,615.</b>

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
COST OF DIRECT BENEFITS TO DONORS	21,515.
<b>TOTAL TO FORM 990, PART IV-A</b>	<b>21,515.</b>

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
COST OF DIRECT BENEFITS TO DONORS	21,515.
DEPRECIATION ON AFFILIATES BUILDING INCLUDED IN CONSOLIDATED FINANCIAL	7,480.
<b>TOTAL TO FORM 990, PART IV-B</b>	<b>28,995.</b>

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SCHEDULE A	OTHER INCOME			STATEMENT	8
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DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
SPECIAL EVENTS, NET	0.	82,062.	86,974.	65,142.
SALE OF INVENTORY, NET	32.	448.	406.	219.
MISC	0.	0.	0.	2,512.
TOTAL TO SCHEDULE A, LINE 22	32.	82,510.	87,380.	67,873.

**DVCC**  
**Board of Directors**

<u>Name</u>	<u>Address</u>	<u>Business Address</u>	<u>Phone Number</u>	<u>E-Mail Address</u>
Sherri Abruzzese Exp. 6/07	5 Peach Hill Road Darlen, CT 06820		H 203-656-3884 W 203-299-4706 F 203-662-0634 C 203-247-1711	<a href="mailto:sabruzzo@prudentialct.com">sabruzzo@prudentialct.com</a>
Candace Adams Exp. 6/07	3 Flat Rock Road Easton, CT 06612	Prudential Connecticut Realty 450 Post Road Darlen, CT	H 203-371-9923 W 203-299-4785 F 203-282-2112	<a href="mailto:cadams@prudentialct.com">cadams@prudentialct.com</a>
Carrie Bernier (Secretary) Exp. 6/05	22 Fairfield Ave. Darlen, CT 06820	Wofsey Rosen Kweskin & Kuriansky LLP 600 Summer Street Floor 4, Stamford, CT 06901 (203) 327-2300	H 203-656-1806 W 203 327-2300 C 203 512-1942	<a href="mailto:carribernier@hotmail.com">carribernier@hotmail.com</a>
Jane Carlin (President) Exp. 6/06	37 Cascade Road Stamford, CT 06903	Professor/Academic Advisor Sacred Heart University	H 203-329-0869 F 203-321-1091 C 203-249-9665	<a href="mailto:DVCCprez@aol.com">DVCCprez@aol.com</a>
Kristine Demareski Exp. 6/07	39 Fifth Street Norwalk, CT 06855	Gartner 56 Top Gallant Road Stamford, CT 06904	H 203-855-1287 W 203-316-6829 F 203-316-6255	<a href="mailto:kdemareski@yahoo.com">kdemareski@yahoo.com</a>
Robert (Bob) Doran Exp. 6/07	507 Canoe Hill Road New Canaan, CT 06840	President The Marketing Loft 110 Lenox Avenue Stamford, CT 06840  Michael Bolton Charities	H 203-966-4733 W 203-253-4271	<a href="mailto:doranbob@optonline.net">doranbob@optonline.net</a>
Dorothy Nevas Freedman Exp. 6/07	30 Stonehenge Rd. Weston, CT 06883		H 203-226-4926 C 203-216-0142	<a href="mailto:doodnfred@aol.com">doodnfred@aol.com</a>
Lisa Goldstein Exp. 6/06	6 Island Drive Norwalk, CT 06850	VOGTGoldstein 125 Main Street Westport, CT 06880 (Chief Executive Officer)	H 203 831-9959 W 203 226-2428 F 203 226-2417 C 203-981-8096	<a href="mailto:lgoldstein@vogtgoldstein.com">lgoldstein@vogtgoldstein.com</a>
Barry Kramer Exp. 6/07	57 Urban Street Stamford, CT 06905	Nysco Products LLC 2350 Lafayette Ave Bronx, NY 10473	H 203-967-4337 W 718-764-0140 F 718-764-0141 Alt. Work 718-792-9000	<a href="mailto:bk@nysco.com">bk@nysco.com</a>
Katherine A. Harris Exp. 6/07	12 Laurel Lane Shelton, CT 06484		H 203-924-2262 W 203-462-4346	<a href="mailto:kkathy0617@aol.com">kkathy0617@aol.com</a> <a href="mailto:kaharris@firstcountybank.com">kaharris@firstcountybank.com</a>

**CONFIDENTIAL: Please be advised the above information is private and privileged.**

Deb- Laurino	4 Marvin Place Westport, CT 06880		H 203-227-7474	<a href="mailto:dlaurino@optonline.net">dlaurino@optonline.net</a> or <a href="mailto:dlaurino@comcast.net">dlaurino@comcast.net</a>
Denise Mangano (Treasurer) Exp. 6/05	421 Ocean Drive West Stamford, CT 06902	Professional Volunteer	H 203-323-7369 F 203-323-4660	<a href="mailto:DKMangano9@aol.com">DKMangano9@aol.com</a>
Christina McIntyre Exp. 6/05	77 Lockwood Road Riverside, CT 06878		H 203-637-0771 C 203-249-1253	<a href="mailto:Mcl77@optonline.net">Mcl77@optonline.net</a>
Catherine Nash Exp. 6/05	15 Parkview Road Rowayton, CT 06853	Volunteer Counselor	H 203-853-9559	<a href="mailto:CSNash@optonline.net">CSNash@optonline.net</a>
Officer Fred Pickering Exp. 6/06	129 Gower Road New Canaan, CT 06840		H 203-966-1337 W 203-594-3500	<a href="mailto:pickering1@optonline.net">pickering1@optonline.net</a>
Carolyn Ryzewicz (Vice Pres) Exp. 6/05	5 Blue Mountain Ridge Norwalk, CT 06851	New Canaan & Darien Magazine 41 Grove Street New Canaan, CT 06840	H 203-845-0698 F 203-972-7253 W 203-966-0077 Ext. 13	<a href="mailto:Carolynryzewicz@hotmail.com">Carolynryzewicz@hotmail.com</a>
Chris Simmers Exp. 6/07	29 Catalpa Terrace Darien, CT 06820	Prudential Connecticut Realty 455 Post Road Darien, CT 06820	H 203-327-6997 W 203-655-5114 F 203-655-2348	<a href="mailto:Csimmers@aol.com">Csimmers@aol.com</a>
Carol Shiff Exp. 6/06	83 Gristmill Lane Southport, CT 06890		H 203-319-9993 F 203-319-9994	<a href="mailto:Csweetshiff@aol.com">Csweetshiff@aol.com</a>
Virginia Stephens Exp. 6/06	176 Forest Street New Canaan, CT 06840		H 203- 966-9914 W 203- 396-8302 F 203 396-8264 C 203-979-7980	<a href="mailto:Virginia@snet.net">Virginia@snet.net</a>
John Watkins Exp. 6/06	254 Long Close Rd. Stamford, CT 06902	ABC National TV Sales 77 West 66 <sup>th</sup> Street NYC, NY 10019 (President)	H 203-323-1073 W 212-456-7297 F 212-456-7650	<a href="mailto:John.b.Watkins@abc.com">John.b.Watkins@abc.com</a>
Patti Wrobel Exp. 6/06	39 Ridge Lane Wilton, CT 06897	Doncaster Fashion (Home Address) Consultant	H 203-761-0079 W 203-761-0079 F 203-563-0812	<a href="mailto:Pattiwrobel@yahoo.com">Pattiwrobel@yahoo.com</a>
Barbara Heffernan Exec. Dir. <b>Ex-officio member</b>	193 Godfrey Road E Weston, CT 06883		H 203-454-9795	<a href="mailto:bheffernan@dvccct.org">bheffernan@dvccct.org</a>

**ADVISORY BOARD**

Susan Bell	P.O. Box 561 Southport, CT	Professional Volunteer	H 203-254-7848	<a href="mailto:soozbell@hotmail.com">soozbell@hotmail.com</a>
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**CONFIDENTIAL: Please be advised the above information is private and privileged.**

	06890			
Dede Bartlett	643 Oenoke Ridge New Canaan, CT 06840	245 Park Avenue 24 <sup>th</sup> Floor New York, NY 10167	H 203-966-8948 F 203-966-4009 W 917-494-5605	<a href="mailto:Dede@dedebartlett.com">Dede@dedebartlett.com</a>
Adele Gordon	211 West Lane Stamford, Ct 06902	Professional Volunteer	H 203-323-6200	<a href="mailto:agordon911@aol.com">agordon911@aol.com</a>
Rose Marie Grosso	20 Bend of River Lane Stamford, CT 06902	Image Graphics 917 Bridgeport Ave. Shelton, CT 06484	H 203-324-6580 W 203-926-0100 F 203-324-9843	<a href="mailto:Rmgrossoa@optonline.net">Rmgrossoa@optonline.net</a>
Ron Herron	11 Old Woods Road Brookfield, CT 06805			<a href="mailto:Ron.Herron@Purchase.edu">Ron.Herron@Purchase.edu</a>
Karen Joelson	137 Hollow Tree Ridge Rd. Darlen, CT 06820		H 203-656-2528 F 203-656-2571	<a href="mailto:kjoelson@optonline.net">kjoelson@optonline.net</a>
Ellen Lubell	<b>(DO NOT SEND MAIL TO HOME ADDRESS)</b>	965 Post Road East 2 <sup>nd</sup> Floor Westport, CT 06880 P.O. Box 688 06881	H 203-222-0423 W 203-226-8307 F 203-221-7279	<a href="mailto:Elubell@EllenLubell.com">Elubell@EllenLubell.com</a>
Patricia Phillips	130 Wallacks Point Stamford, CT 06902		H 203-325-3005	<a href="mailto:robmphil1@aol.com">robmphil1@aol.com</a>
Joanne Walsh	28 Stonehouse Road Trumbull, CT 06611		H 203-459-9366 F 203-221-9190	<a href="mailto:Jwalsh@heritagepartner.sintl.com">Jwalsh@heritagepartner.sintl.com</a>
Janet Weintraub	25 Forest St.Apt.18B Stamford, CT 06901		H 203-322-3657 F 203-977-5563	
Robin Woods	137 Five Mile River Rd Darlen, CT 06820		H 203-655-2381 F 203-655-0652	<a href="mailto:Robin@woodsDarlen.com">Robin@woodsDarlen.com</a>