

Form **990**
 Department of the Treasury
 Internal Revenue Service

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
2005
Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 DOMESTIC VIOLENCE CRISIS CENTER INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
 5 EVERSLEY AVENUE

City or town, state or country, and ZIP + 4
 NORWALK, CT 06851

D Employer identification number
 06-1057356

E Telephone number
 (203) 853-0418

F Accounting method Cash Accrual
 Other (specify) _____

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

G Web site: na

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.**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

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

I Group Exemption Number: _____

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,557,273

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	678,555		
	b Indirect public support	1b	168,689		
	c Government contributions (grants)	1c	642,415		
	d Total (add lines 1a through 1c) (cash \$ 1,489,659 noncash \$ _____)	1d			1,489,659
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			26,353
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			10,557
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 173,597 of contributions reported on line 1a) <input checked="" type="checkbox"/>	9a	30,280		
	b Less direct expenses other than fundraising expenses	9b	30,280		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			424	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,526,993	
Expenses	13 Program services (from line 44, column (B))	13			1,292,767
	14 Management and general (from line 44, column (C))	14			126,688
	15 Fundraising (from line 44, column (D))	15			92,642
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			1,512,097
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			14,896
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			546,366
	20 Other changes in net assets or fund balances (attach explanation)	20			0
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			561,262

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	86,178	57,860	14,159
26	Other salaries and wages	26	887,354	809,829	45,782
27	Pension plan contributions	27			
28	Other employee benefits	28	94,590	84,756	7,493
29	Payroll taxes	29	73,529	65,213	4,892
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	8,866	8,780	86
34	Telephone	34	19,685	16,646	2,227
35	Postage and shipping	35			
36	Occupancy	36	114,799	100,699	7,935
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	7,920	4,867	2,942
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	24,610	22,673	1,094
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,512,097	1,292,767	126,688

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ TO PROVIDE SHELTER, COUNSELING & PREVENTION SERVICES TO VICTIMS OF DOMES VIOLENCE All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a SHELTER FOR ABUSED WOMEN AND THEIR CHILDREN (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	360,394
b COUNSELING FOR ABUSE VICTIMS AND THEIR FAMILIES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	403,571
c COMMUNITY EDUCATION - ABUSE PREVENTION EDUCATION (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	282,044
d VICTIM ADVOCACY - SUPPORT SERVICES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	246,758
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	1,292,767

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		940	45	1,460	
	46 Savings and temporary cash investments		409,694	46	475,185	
	47a Accounts receivable	47a	15,072			
	b Less allowance for doubtful accounts	47b		2,211	47c	15,072
	48a Pledges receivable	48a	14,011			
	b Less allowance for doubtful accounts	48b		26,518	48c	14,011
	49 Grants receivable		61,901	49	55,110	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		35,148	53	23,485	
	54 Investments—securities (attach schedule)			54		
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)			56		
	57a Land, buildings, and equipment basis	57a	363,153			
	b Less accumulated depreciation (attach schedule)	57b	241,302	110,913	57c	121,851
58 Other assets (describe ▶ _____)			11,615	58	11,615	
59 Total assets (must equal line 74) Add lines 45 through 58			658,940	59	717,789	
Liabilities	60 Accounts payable and accrued expenses		112,574	60	126,198	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe ▶ _____)				65	30,329
66 Total liabilities Add lines 60 through 65			112,574	66	156,527	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		523,693	67	512,923	
	68 Temporarily restricted		17,673	68	43,339	
	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)			546,366	73	561,262
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			658,940	74	717,789

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b 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) 112,333
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed CT
90b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 32
91a The books are in care of domestic violence crisis center inc Telephone no (203) 886-0418
5 EVERSLEY AVE
Located at norwalk, CT ZIP + 4 06851
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM and other FEES					26,353
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	10,557	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a misc			03	424	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				10,981	26,353
105 Total (add line 104, columns (B), (D), and (E))					37,334

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 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 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

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

Please Sign Here

Signature of officer

barbara heffernan executive director
Type or print name and title

2006-11-09
Date

Paid Preparer's Use Only

Preparer's signature: David Zieff

Date

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4: FRIEDBERG SMITH & CO PC
855 MAIN STREET 6TH FLOOR
BRIDGEPORT, CT 066044915

EIN

Phone no: (203) 366-5876

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

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

Department of the Treasury Internal Revenue Service

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

Table with 5 columns: (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. Includes entries for susan delaney, kathleen healy, and lorraine gauthier.

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes a total row for professional services.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes a total row for other services.

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, include 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 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	No
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 property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	No
e	Transfer of any part of its income or assets?	2e	No
3a	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	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	No
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
4a	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	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

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 331/3%** 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 331/3%** 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,272,745	1,398,747	1,104,685	1,161,128	4,937,305
16 Membership fees received					0
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	17,775	30,781	29,545	34,817	112,918
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	4,641	2,301	3,242	4,893	15,077
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets		32	82,510	87,380	169,922
23 Total of lines 15 through 22	1,295,161	1,431,861	1,219,982	1,288,218	5,235,222
24 Line 23 minus line 17	1,277,386	1,401,080	1,190,437	1,253,401	5,122,304
25 Enter 1% of line 23	12,952	14,319	12,200	12,882	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 102,446
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 54,037
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 5,122,304
d Add Amounts from column (e) for lines	18 15,077	19 0			
	22	26b 54,037			26d 239,036
e Public support (line 26c minus line 26d total)					26e 4,883,268
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9533 34 %
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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(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 racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 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.)
(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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— 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	41	
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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

TY 2005 Depreciation and Depletion Schedule**Name:** DOMESTIC VIOLENCE CRISIS CENTER INC**EIN:** 06-1057356

Asset	Amount
SHELTER FURN & FIXT	3,148
SHELTER IMPROVEMENTS	2,336
LEASEHOLD IMPROVEMENTS	4,938
EQUIPMENT	85
COMPUTER EQUIP and software	4,639
OFFICE FURN & FIXT	9,464

TY 2005 Land etc. Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
SHELTER FURN & FIXT	25,353	12,869	12,484
SHELTER IMPROVEMENTS	93,911	64,390	29,521
LEASEHOLD IMPROVEMENTS	59,261	32,099	27,162
EQUIPMENT	13,416	13,205	211
COMPUTER EQUIP and software	70,110	55,028	15,082
OFFICE FURN & FIXT	101,102	63,711	37,391

TY 2005 Officer Compensation Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

barbara heffernan

	Compensation	EE Benefit Plans	Expense Acct
Program Services	57,860	5,724	
Mgmt & General	14,159	1,401	
Fundraising	14,159	1,401	

TY 2005 Other Assets Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	6,615	6,615
assets RESTRICTED FoR LONG-TERM INVESTMENT	5,000	5,000

TY 2005 Other Expenses Included Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Description	Amount
cost of direct benefits to donors	30,280
depreciation on affiliates building included in consolidated financial	7,480

TY 2005 Other Liabilities Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Description	Beginning of Year Amount	End of Year Amount
refundable advances		30,329

TY 2005 Other Revenues Included Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Description	Amount
cost of direct benefits to donors	30,280

TY 2005 Special Events Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
w inefest and auction	58,516	54,618	3,898	3,898	0
w omen of courage luncheon	145,361	118,979	26,382	26,382	0

TY 2005 Other Income Schedule

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

EIN: 06-1057356

Description	2003	2002	2001	2000	Total
SPECIAL EVENTS net			82,062	86,974	169,036
sale of inventory net		32	448	406	886

Additional Data

Software ID:

Software Version:

EIN: 06-1057356

Name: DOMESTIC VIOLENCE CRISIS CENTER INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING & PUBLIC RELATIONS	43a	7,097	3,880	2,355	862
b CLIENT SERVICES	43b	16,172	16,172		
c conferences and training	43c	3,331	1,476	1,535	320
d contract services	43d	37,701	20,548	10,573	6,580
e dues and subscriptions	43e	7,154	3,061	3,281	812
f insurance	43f	33,210	26,256	5,147	1,807
g leased equipment	43g	9,548	6,838	2,239	471
h postage and printing	43h	23,073	11,908	1,806	9,359
i office supplies	43i	14,117	6,968	5,046	2,103
j professional fees	43j	13,611	11,178	1,832	601
k repairs and maintenance	43k	15,012	13,159	1,829	24
l fund-raising events	43l	10,105			10,105
m misc	43m	4,435		4,435	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BARBARA HEFFERNAN 193 GODFREY ROAD EAST WESTON, CT 06883	EXECUTIVE DIRECTOR 35 00	86,178	8,526	0
sherri abruzzese 5 peach hill road darien, CT 06820	board member 1 00	0	0	0
candace adams 3 flat rock road easton, CT 06612	board member 1 00	0	0	0
carrie bernier 22 fairfield avenue darien, CT 06820	secretary 1 00	0	0	0
jane carlin 37 cascade road stamford, CT 06903	president 1 00	0	0	0
kristine demarseki 39 fifth street norwalk, CT 06855	board member 1 00	0	0	0
robert doran 507 canoe hill road new canaan, CT 06840	board member 1 00	0	0	0
dorothy nevas freedman 30 stonehenge road weston, CT 06883	board member 1 00	0	0	0
lisa goldstein 6 island drive norwalk, CT 06850	board member 1 00	0	0	0
barry kramer 57 urban street stamford, CT 06905	board member 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
katherine harris 12 laurel lane shelton, CT 06484	board member 1 00	0	0	0
deb laurino 4 marvin place westport, CT 06880	board mememer 1 00	0	0	0
denise mangano 421 ocean drive west stamford, CT 06902	treasurer 1 00	0	0	0
catherine nash 15 parkview road rowayton, CT 06853	board member 1 00	0	0	0
christina mcintyre 77 lockwood road riverside, CT 06878	board member 1 00	0	0	0
fred pickering 129 gower road new canaan, CT 06840	board member 1 00	0	0	0
carolyn ryzewicz 5 blue mountain ridge norwalk, CT 06851	vice pres 1 00	0	0	0
chris simmers 29 catalpa terrace darien, CT 06820	board member 1 00	0	0	0
carol shiff 83 gristmill lane southport, CT 06890	board member 1 00	0	0	0
virgina stephens 176 forest street new canaan, CT 06840	board member 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
john watkins 254 long close road stamford, CT 06902	board member 1 00	0	0	0
patti wrobel 39 ridge lane wilton, CT 06897	board member 1 00	0	0	0