

**Short Form
Return of Organization Exempt From Income Tax**

2008

**Open to Public
Inspection**

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Manitowoc County Domestic Violence Center, Inc		D Employer identification number 39-1354763
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (920) 684-5770
		1127 S 22nd Street		
		City, town, or country State ZIP + 4	Manitowoc WI 54220	F Group Exemption Number N/A

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.dvconline.net

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 620,106

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

1	Contributions, gifts, grants, and similar amounts received		1	559,686
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	
4	Investment income		4	16,065
5a	Gross amount from sale of assets other than inventory	5a 0		
b	Less: cost or other basis and sales expenses	5b 0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>			
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a 44,355		
b	Less: direct expenses other than fundraising expenses	6b 11,962		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	32,393
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
8	Other revenue (describe ►)		8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	608,144
10	Grants and similar amounts paid (attach schedule)		10	0
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	280,990
13	Professional fees and other payments to independent contractors		13	
14	Occupancy, rent, utilities, and maintenance		14	25,573
15	Printing, publications, postage, and shipping		15	8,543
16	Other expenses (describe ► See attached statement)		16	80,068
17	Total expenses. Add lines 10 through 16		17	395,174
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	212,970
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	597,421
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 through 20		21	810,391

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	371,927	22 597,521
23 Land and buildings	227,858	23 219,803
24 Other assets (describe ► See attached statement)	26,775	24 19,301
25 Total assets	626,560	25 836,625
26 Total liabilities (describe ► See attached statement)	29,139	26 26,234
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	597,421	27 810,391

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

SCANNED JUL 20 2009 Revenue

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JUL 20 2009
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19

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? Domestic Abuse Services		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 Shelter and Counseling	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	228,537
29 Children's Programs	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	32,671
30 Community Outreach	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	52,314
31 Other program services (attach schedule)	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	61,649
32 Total program service expenses. (add lines 28a through 31a)		32	375,171

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV)				
(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	(e) Expense account and other allowances
Name Merritt Wilcox Str 2702 River Lane City Two Rivers ST WI ZIP 54241	Title President Hr/WK 1 00	0	0	0
Name Sr Renee Delvaux Str 601 N 8th Street City Manitowoc ST WI ZIP 54220	Title Vice President Hr/WK 1 00	0	0	0
Name Jon Danforth Str PO Box 2020 City Manitowoc ST WI ZIP 54221	Title Treasurer Hr/WK 1 00	0	0	0
Name Eileen Kummer Str 3300 Lindbergh Drive City Manitowoc ST WI ZIP 54220	Title Secretary Hr/WK 1.00	0	0	0
Name Jordan Blad Str PO Box 994 City Manitowoc ST WI ZIP 54221	Title Director Hr/WK 1 00	0	0	0
Name Lynn Burzynski Str PO Box 404 City Valders ST WI ZIP 54245	Title Director Hr/WK 1 00	0	0	0
Name Steven Chilinski Str 6727 Tall Oaks Drive City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1.00	0	0	0
Name Kathie Fishbeck Str 2115 Indian Creek Dr City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1.00	0	0	0
Name Margaret Heffernan Str 502 N 9th Street City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1 00	0	0	0
Name John Mohr Str 2312 38th Street City Two Rivers ST WI ZIP 54241	Title Director Hr/WK 1.00	0	0	0
Name Cindy Oswald Str 1210 S Lake Street City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1 00	0	0	0
Name Rick Oswald Str 1210 S Lake Street City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1 00	0	0	0
Name Alison Petri Str 2850 Dutchman Rd City Green Bay ST WI ZIP 54311	Title Director Hr/WK 1.00	0	0	0
Name Jim Pfeifer Str 2111 Pheasant Drive City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1.00	0	0	0
Name Tricia Zimmerman Str 913 Hawthorne Ct City Manitowoc ST WI ZIP 54220	Title Director Hr/WK 1.00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The books are in care of ▶ Name <u>Trudy Stransky</u> Telephone no ▶ <u>920-684-5770</u> Located at ▶ <u>1127 S 22nd St</u> City <u>Manitowoc</u> ST <u>WI</u> ZIP + 4 ▶ <u>54220</u>		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If "Yes," enter the name of the foreign country ▶ _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(a) Name and address of each employee paid more than \$100,000	(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
Name <u>None</u> Str _____ City ST ZIP _____	Title _____ Hr/WK 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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.

Sign Here *Jon S. Danforth* Date 6/25/09
Signature of officer JON S. DANFORTH Date
TREASURER
Type or print name and title

Paid Preparer's Use Only Preparer's signature *Dennis J. Swetlik CPA* Date 6/22/09 Check if self-employed Preparer's Identifying Number (See instructions) P00535462
Firm's name (or yours if self-employed), address, and ZIP +4 KROENING, STANGEL, SWETLIK AND ZINKEL LLP EIN 39-1099142
404 N 10TH STREET, MANITOWOC, WI 54220 Phone no 920-684-6668

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

Manitowoc County Domestic Violence Center, Inc.

39-1354763

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 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 exempt 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). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	319,305	371,177	331,239	346,876	559,686	1,928,283
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	319,305	371,177	331,239	346,876	559,686	1,928,283
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,928,283

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	319,305	371,177	331,239	346,876	559,686	1,928,283
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,941	4,287	11,845	12,781	16,065	47,919
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,509	5,172	6,776	6,660	542	23,659
11 Total support. Add lines 7 through 10						1,999,861

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.42%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.92%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants".)	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12)						0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		<u>NEW YEAR'S EVE EVENT</u> (event type)	<u>CRIME PREVENTION</u> (event type)	<u>2</u> (total number)	(Add col (a) through col (c))		
Revenue	1	Gross receipts	28,484	1,859	7,492	37,835	
	2	Less: Charitable contributions	0	0	0	0	
	3	Gross revenue (line 1 minus line 2)	28,484	1,859	7,492	37,835	
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Non-cash prizes	0	0	0	0	
	6	Rent/facility costs	0	0	0	0	
	7	Other direct expenses	7,507	220	2,160	9,887	
	8	Direct expense summary. Add lines 4 through 7 in column (d)					(9,887)
	9	Net income summary. Combine lines 3 and 8 in column (d)					27,948

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		Revenue	1	Gross revenue		6,520
Direct Expenses	2	Cash prizes		2,025	2,025	
	3	Non-cash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			50	50
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(2,075)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				4,445

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>WI</u>		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

		Yes	No				
13 Indicate the percentage of gaming activity operated in	a The organization's facility						
	b An outside facility						
<table border="1"> <tr> <td>13a</td> <td>%</td> </tr> <tr> <td>13b</td> <td>100 00%</td> </tr> </table>		13a	%	13b	100 00%		
13a	%						
13b	100 00%						
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:							
Name ▶ <u>SUE SIPPEL</u>							
Address ▶ <u>1127 S 22ND STREET MANITOWOC, WI 54220</u>							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	X				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____							
c If "Yes," enter name and address							
Name ▶ _____							
Address ▶ _____							
16 Gaming manager information:							
Name ▶ <u>SUE SIPPEL</u>							
Gaming manager compensation ▶ \$ _____ 0							
Description of services provided ▶ <u>SUPERVISING RAFFLE</u>							
<input type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions:							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	X				
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____							

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	356,884
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	197,436
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	HOUSING FEES	8	5,366
9		9	
10		10	
11	Total	11	559,686

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	16,065
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	16,065

Part I, Line 16 (990-EZ) - Other Expenses

80,068

1	Travel, Meals and Entertainment		
	a Travel	1a	1,240
	b Total meals and entertainment	1b	
2	Fundraising	2	147
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	13,952
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	PAYROLL TAXES	11	26,571
12	PROFESSIONAL FEES	12	3,686
13	SERVICES AND SUPPLIES	13	12,709
14	TELEPHONE	14	8,967
15	DUES AND SUBSCRIPTIONS	15	1,416
16	TRAINING AND DEVELOPMENT	16	2,513
17	INSURANCE	17	8,867
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

26,775 19,301

	Description	Beginning	End
1	ACCOUNTS RECEIVABLE	24,432	16,958
2	PREPAID EXPENSES	2,343	2,343
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

29,139

26,234

Description		Beginning	End
1	ACCOUNTS PAYABLE	7,421	8,263
2	ACCRUED WAGES	21,718	17,971
3			
4			
5			
6			
7			
8			
9			
10			

Part II (Sch G (990/990EZ)) - Events

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	NEW YEAR'S EVE EVENTS	28,484		28,484				7,507
2	CRIME PREVENTION	1,859		1,859				220
3	COURTHOUSE PUB AND PAY PHONES	6,950		6,950				2,160
4	PAY PHONES	542		542				
5				0				
6				0				
7				0				
8				0				
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Manitowoc County Domestic Violence Center, Inc	Employer identification number 39-1354763
	Number, street, and room or suite no If a P O box, see instructions PO Box 1142	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Manitowoc WI 54221-1142	

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

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

• The books are in the care of ▶ See attached worksheet

Telephone No ▶ 920-684-5770 FAX No ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2008 or
 ▶ tax year beginning _____, and ending _____

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions