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 2008 Open to Public Inspection

| <u>A</u>                | For the 200         | )8 calendar y      | ear, or tax year beginning $7/01/08$ , and ending $6/30/0$  | 9                   |                      |  |
|-------------------------|---------------------|--------------------|---|---------------------|----------------------|--|
|                         | Check if applica    |                    | C Name of organization  |                     | D Emplo              | yer identification number                        |
| Ш                       | Address change      | e use IRS label or |   | INC.                | 62                   | 1202074  |
|                         | Name change         | print or           | Doing Business As   | T                   |                      | 1303874  |
|                         | Initial return      | type.<br>See       | Number and street (or PO box if mail is not delivered to street address)  P.O. BOX 2652                                 | Room/suite          |                      | one number<br>-896-2012                          |
| $\overline{\sqcap}$     | Termination         | Specific           | City or town, state or country, and ZIP + 4   | I                   | G Gross rece         | 615 604  |
| Ħ                       | Amended return      | Instruc-<br>tions. | MURFREESBORO TN 37133-2652  | !                   | G Gloss lece         | 1003   |
| H                       |                     | 5 11               | e and address of principal officer  |                     | H(a) Is this a       | a group return for                               |
| ш                       | Application pen     | laing              | , , , , , , , , , , , ,   |                     | affiliate            |  |
|                         |                     |                    |   |                     | H(b) Are all include | affiliates Yes No                                |
|                         |                     |                    |   |                     | If "No,"             | attach a list (see instructions)                 |
|                         | Tax-exempt          |                    | 501(c) ( <b>3</b> ) ◀ (insert no ) 4947(a)(1) or 527  |                     |                      |  |
| <u>J</u>                | Website:            |                    |   |                     |                      | exemption number                                 |
| _                       | Type of organia     |                    |   | Year of formation   |                      | M State of legal domicile                        |
|                         | Part I              | Summa              | ry the organization's mission or most significant activities.   |                     |                      | <del></del>                                      |
|                         | 4                   | •                  | The organization's mission of most significant activities  AND ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE               | TEL.                |                      |  |
| 920                     |                     | EKV I CES          | mb hobidimon to vicinio di bombilo vicini   |                     |                      |  |
| L                       |                     |                    |   |                     |                      |  |
| Activities & Governance | 2 Che               | ck this box        | If the organization discontinued its operations or disposed of more that  | n 25% of its asse   | ets                  |  |
| Ö                       |                     |                    | g members of the governing body (Part VI, line 1a)  |                     | 3                    | 18   |
| es (                    | 4 Num               | nber of indep      | pendent voting members of the governing body (Part VI, line 1b)   |                     | 4                    | 18   |
| Σį                      | 5 Tota              | al number of       | employees (Part V, line 2a)   |                     | 5                    | 20   |
| Act                     |                     |                    | volunteers (estimate if necessary)  |                     | 6                    | 18   |
|                         |                     | al gross unre      | 7a  |                     |                      |  |
|                         | <b>b</b> Net        | unrelated bu       | isiness taxable income from Form 990-T, line 34   | Prior Ye            | 7b                   | Current Year                                     |
|                         | 8 Con               | tributions an      | d grants (Part VIII, line 1h)   |                     |                      | 622,600  |
| Revenue                 | 9 Proc              |                    |   |                     |                      | , , , , , , , , , , , , , , , , , , ,            |
|                         | 10 Inve             | stment inco        | me (Part VIII, line 2g) (F) (Part VIII, line 2g) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F                                 |                     |                      | 1,121  |
|                         | 11 Othe             |                    | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)  |                     |                      | -8,027   |
|                         |                     |                    | add lines 8 through 1 (mustrequal and Mill, column (A), line 12)  |                     |                      | 615,694  |
|                         |                     |                    | ar amounts paid (Part IX, column (A), lines 1-3) (Y   |                     |                      |  |
|                         |                     |                    | or for members (Part IX, column (A), line 4)  |                     | 414 202              |  |
| S                       | 15 Sala             |                    | compensation, employed benefits (Part IX, column (A), lines 5–10)   | -                   | 414,383              |  |
| penses                  | 16a Prof            |                    | draising fees (Part IX, column (A), line 11e)   |                     |                      |  |
| Exp                     |                     | _                  | g expenses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f-24f)                                 |                     |                      | 262,580  |
|                         | i                   | •                  | Add lines 13-17 (must equal Part IX, column (A), line 25)   |                     |                      | 676,963  |
|                         | i                   | •                  | expenses Subtract line 18 from line 12  |                     |                      | -61,269  |
| 50                      | 2                   |                    |   | Beginning           |                      | End of Year                                      |
| ssets                   | <b>20</b> Tota      |                    | rt X, line 16)  |                     | 3,186                | 1,620,760  |
| Net Assets or           | <b>21</b> Tota      | •                  | Part X, line 26)  |                     | 2,673                | 21,516   |
|                         | 22 Net              |                    | nd balances Subtract line 21 from line 20   | 1,66                | 0,513                | 1,599,244  |
| <u> </u>                | Part II             |                    | Ire Block  Ities of perjury, I declare that I have examined this return, including accompanying schedule                | ns and statements   | and to the her       | et of my knowledge                               |
|                         |                     | and belief, i      | t is true, correct, and complete Peclaration of preparer (other than officer) is based on all in                        | nformation of which | preparer has         | any knowledge                                    |
| Sig                     | on                  |                    | Deborah Solmon  |                     | 1                    | 10/19/09   |
|                         | ere                 | Signati            | ure of officer  |                     | Date                 |  |
|                         |                     | De                 | boraH Johnson Executive Dire  | CLOS                |                      |  |
|                         |                     | Type o             | r print name and title  |                     |                      |  |
| <b>D</b> -              |                     | Preparer's         | Date  | Check self-         |                      | Preparer's identifying number (see instructions) |
| Pa                      |                     | signature          |   | .6/09  emplo        | yed ▶ X              |  |
|                         | eparer's<br>se Only | Firm's name        | EDMONDSON BETZLER & MONTGOMERY  | PLLC                | EIN                  | <b>▶</b> 26-2451997                              |
| , <b>J</b> 3            | Only                | ıf self-emple      | byed), 12 CADILLAC DR STE 210   |                     | Phone                | C1   |
| <del></del>             |                     | address, an        |   |                     | no 🕨                 | 615-916-3100                                     |
|                         |                     |                    | eturn with the preparer shown above? (see instructions)  Paperwork Reduction Act Notice, see the separate instructions. |                     | 101                  | Yes No [2008]                                    |
| DA                      | A FOR PRIV          | acy Act and        | r aperwork neutron not notice, see the separate instructions.   | 6                   | 16-19                | 350 (2008)                                       |
|                         |                     |                    |   |                     | 121                  | ノグ   |
|                         |                     |                    |   |                     |                      |  |

|                 | DOMESTIC VIOLENC  |   | 1303874                  | Page 2   |
|-----------------|---|---|--------------------------|----------|
| Part III St     | atement of Program Ser  | vice Accomplishments (see instruction   | ons)                     |          |
|                 | be the organization's mission.  AND ASSISTANCE                      | TO VICTIMS OF DOMESTIC  | VIOLENCE.                |          |
| •               |   |   |                          |          |
| the prior Forr  | m 990 or 990-EZ?  | nt program services during the year which were no   | ot listed on             | Yes X No |
|                 | cribe these new services on Sch<br>nization cease conducting, or ma | nedule O.<br>ake significant changes in how it conducts, any p  | rogram                   | Yes X No |
| If "Yes," desc  | cribe these changes on Schedul exempt purpose achievements          | le O. for each of the organization's three largest progra   | am services by expenses. |          |
| •               |   | s and section 4947(a)(1) trusts are required to re<br>I revenue, if any, for each program service report  |                          |          |
| HOUSING         | CLIENTS IN CRISI  | 572,912 including grants of \$ S SITUATIONS INCLUDING TO THE STATE OF T |                          |          |
|                 |   |   |                          |          |
|                 |   |   | •                        |          |
|                 |   |   |                          |          |
|                 |   | ·   | ·                        |          |
| 4b (Code        | ) (Expenses \$  | including grants of \$  | ) (Revenue \$            | ,        |
|                 |   |   |                          |          |
|                 |   |   |                          |          |
|                 |   | •   |                          |          |
| •               |   |   |                          |          |
|                 |   |   |                          |          |
| 4c (Code        | ) (Expenses \$  | including grants of \$  | ) (Revenue \$            | )        |
|                 |   |   |                          |          |
|                 |   |   |                          |          |
|                 |   |   |                          |          |
|                 |   |   |                          |          |
| 4d Other progra | im services (Describe in Schedi                                     | ule O.)   |                          |          |
| (Expenses       | •   | cluding grants of \$  | (Revenue \$              | )        |
|                 | am service expenses 🕨 \$  | 572,912 (Must equal Part IX, Lir  | ne 25, column (B) )      | 000      |

#### **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A X 2 2 Is the organization required to complete Schedule B. Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, X 11 Parts VI, VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return X that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 X 17 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

X

| P  | art IV Checklist of Required Schedules (continued)  |     |     |    |
|----|---|-----|-----|----|
|    |   |     | Yes | No |
| 28 | Dunng the tax year, did any person who is a current or former officer, director, trustee, or key employee         |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or        | İ   |     |    |
|    | employee), or an indirect business relationship through ownership of more than 35% in another entity              | İ   |     | ĺ  |
|    | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | ł   |     |    |
|    | Part IV   | 28a |     | X  |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"          |     |     |    |
|    | complete Schedule L, Part IV  | 28b |     | X  |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a      |     |     | İ  |
|    | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV            | 28c |     | X  |
| 9  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M          | 29  |     | X  |
| 0  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified    |     |     |    |
|    | conservation contributions? If "Yes," complete Schedule M   | 30  |     | X  |
| 1  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,       |     |     |    |
|    | Part I  | 31  |     | X  |
| 2  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |     |     |    |
|    | Schedule N, Part II   | 32  |     | X  |
| 3  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations        |     |     |    |
|    | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | X  |
| 4  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,        |     |     |    |
|    | III, IV, and V, line 1  | 34  |     | X  |
| 5  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete      |     |     |    |
|    | Schedule R, Part V, line 2  | 35  |     | X  |
| 6  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related       | [   |     |    |
|    | organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X  |
| 7  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |    |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part         |     |     | 1  |
|    | VI  | 37  |     | X  |

Form **990** (2008)

| Pa     | rt V Statements Regarding Other IRS Filings and Tax Compliance   |         |    |                                       |      |     |                     |
|--------|--|---------|----|---------------------------------------|------|-----|---------------------|
|        |  |         |    | 1                                     |      | Yes | No                  |
| 1a     | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   |         | _  |                                       |      | į   |                     |
|        | U.S. Information Returns. Enter -0- if not applicable  | 1a      | 3_ |                                       |      |     |                     |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b      | 0  |                                       |      |     |                     |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and rep   | portabl | е  |                                       |      | ŀ   | v                   |
| ٥-     | gaming (gambling) winnings to prize winners?   | [ ]     | l  | •                                     | 1c   |     | <u> </u>            |
| 2a     |  | _       | 20 |                                       |      |     |                     |
|        | Statements, filed for the calendar year ending with or within the year covered by this return  | 2a]     | 20 |                                       | 26   | x   |                     |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return.  | ns?     |    |                                       | 2b   | ^   | -                   |
|        | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   |         |    |                                       |      |     |                     |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year covere  | d by    |    |                                       |      | j   |                     |
| Ja     | this return?   | u by    |    |                                       | 3a   | Ì   | $\ddot{\mathbf{x}}$ |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |         |    |                                       | 3b   |     |                     |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | authori | tv |                                       | - 05 |     |                     |
|        | over, a financial account in a foreign country (such as a bank account, securities account, or other fin   |         | ٠, |                                       |      |     |                     |
|        | account)?  |         |    |                                       | 4a   | ļ   | X                   |
| b      | 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   |         |    |                                       |      |     |                     |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |         |    |                                       | 5a   |     | X                   |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | tion?   |    |                                       | 5b   |     | X                   |
| С      | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity   |         |    |                                       |      |     |                     |
|        | Regarding Prohibited Tax Shelter Transaction?  |         |    |                                       | 5c   |     |                     |
| 6a     | Did the organization solicit any contributions that were not tax deductible?   |         |    |                                       | 6a   |     | X                   |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution   | ns or   |    |                                       |      |     |                     |
|        | gifts were not tax deductible?   |         |    |                                       | 6b   |     |                     |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |         |    |                                       |      |     |                     |
| а      | Did the organization provide goods or services in exchange for any quid pro quo contribution of more   | than    |    |                                       | _ 1  | -   | 32                  |
|        | \$75?  |         |    |                                       | 7a   | _   | X                   |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |         |    |                                       | 7b   |     |                     |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was<br>required to file Form 8282?  | ıs      |    |                                       | 70   |     | X                   |
| ď      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d      |    |                                       | 7c   |     | - 4 <u>1</u>        |
| e      | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p   |         | L  |                                       |      |     |                     |
| Ŭ      | benefit contract?  | 0.000   | -  |                                       | 7e   | ·   | X                   |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri  | act?    |    |                                       | 7f   |     | X                   |
| g      | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |         |    |                                       | 7g   |     | X                   |
| h      | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0   | as      |    |                                       |      |     |                     |
|        | required?  |         |    |                                       | 7h   |     | X                   |
| 8      | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec   | tion    |    |                                       |      |     |                     |
|        | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sport   | soring  |    |                                       |      |     | _                   |
|        | organization, have excess business holdings at any time during the year?   |         |    |                                       | 88   |     | X                   |
| 9      | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  |         |    |                                       |      |     |                     |
| а      | Did the organization make any taxable distributions under section 4966?  |         |    |                                       | 9a   |     | <u> </u>            |
| þ      | Did the organization make a distribution to a donor, donor advisor, or related person?   |         |    |                                       | 9b   |     | X                   |
| 10     | Section 501(c)(7) organizations. Enter   | ا ۱۰۰   | 1  |                                       |      |     |                     |
| a      | Initiation fees and capital contributions included on Part VIII, line 12   | 10a     |    | · · · · · · · · · · · · · · · · · · · |      |     |                     |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b     |    |                                       |      |     |                     |
| 11     | Section 501(c)(12) organizations. Enter  Gross income from members or shareholders   | 11a     |    |                                       |      |     |                     |
| a<br>h | Gross income from other sources (Do not net amounts due or paid to other sources against   | IIa     |    |                                       |      | 1   |                     |
| b      | amounts due or received from them )  | 11b     |    |                                       |      | }   |                     |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |         |    |                                       | 12a  |     |                     |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b     |    |                                       |      |     | _                   |
|        | The state of the s |         |    |                                       |      | ~~  |                     |

Form 990 (2008) DOMESTIC VIOLENCE PROGRAM, INC. 62-1303874 F
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the corcumstances, processes, or changes in Schedule O See instructions  1a Enter the number of voting members of the governing body  b Enter the number of voting members of the governing body  b Enter the number of voting members that are independent  2 Did any officer, director, fursitee, or key employee have a family relationship or a business relationship with any other officer, director, fusitee, or key employees are a family relationship or a business relationship with any other officer, director, fusitee, or key employees to a management company or other person?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 X X  5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Does the organization have local chapters, branches, or affiliates?  9 Does the organization have local chapters, branches, or affiliates?  9 Does the organization have local chapters branches, or affiliates?  10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990  10 X Is there any officer, direc | Sec      | tion A. Governing Body and Management  |          |       |           |  | T  |            |
|--|----------|--|----------|-------|-----------|--|--|------------|
| arcumstances, processes, or changes in Schedule O See instructions  1  |          | ,  |          |       |           |  | Yes  | No         |
| 18 Enter the number of voting members date reinespendent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customanly performed by or under the directs any other person? 4 Did the organization make any synfificant changes to its organizational documents anche the prior Form 890 was filed? 5 Did the organization make any synfificant changes to its organizational documents anche the prior Form 890 was filed? 6 Does the organization have members, stockholders, or other persons who may elect one or more members or dischictions? 7 Did to be organization and the members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 The governing body? 11 The governing body? 12 Did the organization or the programation than the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the programation or the program |          | ·  | the .    |       |           |  |  |            |
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| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b  | /a       |  | ibei 5   |       |           | 70   |  | ¥          |
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| Section B. Policies    Yes   No  | • •      | ·  |          |       |           | 11   |  | x          |
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| rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whisteblower policy? 14 Does the organization have a written whisteblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  15a X  15b X  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15b X  15a X  15b X  15b X  15b X  15c   |          | *  | aive     |       |           |  |  |            |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15b IN  15c IN  15a X  15b IN  15a X  15b IN  15a X  15b IN  15a X  | -        |  | •        |       |           | 12t  | X  |            |
| describe in Schedule O how this is done  12c  X  Does the organization have a written whistleblower policy?  13  Does the organization have a written document retention and destruction policy?  14  Does the organization have a written document retention and destruction policy?  15  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a  The organization's CEO, Executive Director, or top management official?  b  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  16a  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  Section C. Disclosure  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization  DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   | С        |  | es."     |       |           |  |  |            |
| 13 X  14 Does the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?  b If st the states with which a copy of this Form 990 is required to be filed TN  15b IN  15c Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website Another's website Upon request  15c State the name, physical address, and telephone number of the person who possesses the books and records of the organization PoMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   | -        |  |          |       |           | 120  | X  |            |
| 14 X  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filled ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  □ Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  | 13       | $\cdot$  |          |       |           | 13   | Х  |            |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   |          |  |          |       |           | 14   | Х  |            |
| a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  15a X  Describe the process in Schedule O. (see instructions)  Did the organization invest in, continuite assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  16a X  16a  | 15       | ·  | у        |       |           |  |  |            |
| a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State tine name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  |          |  |          | sion  |           |  |  |            |
| Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X    | а        |  |          |       |           | 15a  | X  |            |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  ☐ Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   | ь        | Other officers or key employees of the organization?   |          |       |           | 15b  |  | X          |
| with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website Dupon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   |          | Describe the process in Schedule O. (see instructions)   |          |       |           |  |  |            |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DOMESTIC VIOLENCE PROGRAM, INC.  826 MEMORIAL BLVD. # 205  | 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | ent      |       |           |  |  |            |
| the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  □ Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   |          | with a taxable entity during the year?   |          |       |           | 16a  |  | X          |
| the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   | b        | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalua      | te       |       |           |  |  |            |
| Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ TN  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  □ Own website ▼ Another's website ▼ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  |          | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe      | guard    | I     |           | · <u>.</u>                                 |  |            |
| <ul> <li>List the states with which a copy of this Form 990 is required to be filed ► TN</li> <li>Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply</li></ul>   |          | the organization's exempt status with respect to such arrangements?  |          |       |           | 16b  |  |            |
| <ul> <li>Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.         <ul> <li>Own website</li></ul></li></ul>  | Sec      | tion C. Disclosure   |          |       |           |  |  |            |
| available for public inspection. Indicate how you make these available. Check all that apply  Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  | 17       | List the states with which a copy of this Form 990 is required to be filed <b>TN</b>                           |          |       |           |  |  |            |
| Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  | 18       | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5         | 501(c)   | )(3)s | only)     |  |  |            |
| Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  |          |  |          |       |           |  |  |            |
| policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  |          |  |          |       |           |  |  |            |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205   | 19       | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con           | nflict ( | of ın | terest    |  |  |            |
| organization ▶ DOMESTIC VIOLENCE PROGRAM, INC. 826 MEMORIAL BLVD. # 205  |          | policy, and financial statements available to the public   |          |       |           |  |  |            |
|  | 20       |  |          |       |           |  |  |            |
| MURFREESBORO TN 37130 615-896-9452   |          |  |          |       |           |  |  |            |
|  | M        | JRFREESBORO TN   | 1 3      | 71    | <u>30</u> | 615-8                                      | 96-9   | <u>452</u> |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

| Check this box if the o  | rganization did not compe | nsate                               | e an   |          |  | direc  | tor,     |  |  |  |
|--------------------------|---------------------------|-------------------------------------|--|----------|--|--|----------|--|--|--|
| (A)                      | (B)<br>Average            | (C) Position (check all that apply) |  |          |  |  |          | (D)<br>Reportable                                  | (E)<br>Reportable  | (F)<br>Estimated   |
| Name and Title           | hours per<br>week         | or director                         | Institutional trustee                            | Officer  | Key employee                                     | Highest compensated employee                     |          | compensation from the organization (W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| DEBORAH JOHN             | ISON                      |                                     |  |          |  |  |          |  |  |  |
| EXECUTIVE DI             | 40                        | X                                   |  |          |  |  |          | 54,951   | 0  | 0  |
| SHERRY GALLO             | WAY                       |                                     |  |          |  |  |          |  |  |  |
| CHAIRMAN                 | 0                         |                                     |  | X        |  |  |          | 0  | 0  | 0  |
| CHARLIE BAUN             | įr –                      |                                     |  |          |  | İ  |          |  |  |  |
| TREASURER                | 0                         |                                     |  | X        |  |  |          | 0  | 0  | 0  |
|                          | MINISTRY                  |                                     |  | ł        |  |  |          |  |  |  |
| SECRETARY                | 0                         | <u> </u>                            | _  | X        |  | <u> </u>   |          | 0  | 0  | 0  |
| SUSAN DE WIN             |                           |                                     |  |          |  |  |          |  | _  |  |
| BOARD MEMBER             | 0                         | lacksquare                          | <u> </u>   |          |  |  |          | 0  | 0  | 0  |
| CHANTHO SOUR             | l'                        |                                     |  |          |  |  |          |  |  | _  |
| BOARD MEMBER             | 0                         | <u> </u>                            | <u> </u>   | <u> </u> |  |  |          | 0  | 0  | 0  |
| DR. JACK COI             |                           |                                     |  |          |  |  |          |  |  |  |
| BOARD MEMBER             | 00                        | <b>-</b>                            | _  | <u> </u> | L_   | <u> </u>   |          | 0  | 0  | 0  |
| BRENDA MCKNI             |                           | ŀ                                   |  |          |  | İ  |          |  |  | •  |
| BOARD MEMBER             | 00                        | <b></b>                             | <u> </u>   | <u> </u> |  |  |          | 0  | 0  | 0  |
| PEGGY YOUNG              |                           |                                     |  |          |  |  |          |  |  | •  |
| BOARD MEMBER             | 0                         | ┼                                   | <del>                                     </del> | _        | <u> </u>   | ├—   | _        | 0  | 0  | 0  |
| LIZ RHEA                 |                           |                                     |  | l        |  |  |          |  |  | •  |
| BOARD MEMBER             | 0                         | ₩                                   | -  | <u> </u> | -  | <b>├</b> ─                                       |          | 0  | 0  | 0  |
| NICCI COLLIN             |                           |                                     |  |          |  |  |          |  |  | ^  |
| BOARD MEMBER             | 0                         | ┼                                   |  | -        |  | ┝  |          | 0  | 0  | 0  |
| DAWN WARREN              | o                         |                                     |  | İ        |  |  |          | o  | 0  | 0  |
| BOARD MEMBER MARK MURPHY | 0                         | +                                   |  | ├        | -  | ┼┈   |          | <del>-</del>                                       | <u> </u>   |  |
| BOARD MEMBER             | o                         |                                     |  | ŀ        |  |  |          | o  | 0  | 0  |
| BRYAN NALE               | <u> </u>                  | ┼                                   | ┝  | ├─       | ├  | -  |          | <u> </u>   | 0  |  |
| BOARD MEMBER             | o                         |                                     |  | ŀ        |  |  |          | o  | 0  | 0  |
| LIZ MCPHEE               | <u> </u>                  | ┿                                   | -  | ├一       | ┢  | $\vdash$   |          |  |  |  |
| BOARD MEMBER             | o                         |                                     |  |          |  |  |          | o  | 0  | 0  |
| BILLI JO JOS             |                           | ╁┈                                  | <del>                                     </del> | $\vdash$ | <del>                                     </del> | $\vdash$   | $\vdash$ |  |  |  |
| BOARD MEMBER             | 0                         |                                     | <br>   |          |  |  |          | o  | 0  | 0  |
| RITA ASH                 |                           | +-                                  | ├─   | -        |  | <del>                                     </del> | _        |  |  |  |
| BOARD MEMBER             | О                         |                                     |  |          |  |  |          | o  | 0  | 0  |
|                          |                           |                                     | Ь  | <u> </u> | —  |  |          |  |  | 5 000 (2222)   |

| Pa          | rt VII      | Section A                     | . Officers, Directors, Tru                                | stee        | s, Ke  | y Er    | nplo         | yees                         | s, an    | d Highest Compensated   | Employees (continued)  | <del>,</del>  |               |   |       |
|-------------|-------------|-------------------------------|---|-------------|--------|---------|--------------|------------------------------|----------|---|--|---|---------------|---|-------|
|             |             | A)                            | (B)   | Pos         | tion ( |         | C)           | hat a                        | anly)    | (D)   | (E)  |   | (F)<br>Estima |   |       |
|             | Name :      | and title                     | Average<br>hours per<br>week                              | or director |        | Officer | Key employee | Highest compensated employee | Former   | Reportable compensation from the organization (W-2/1099-MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount o other compensate from the organizatio and relate organizatio |               | t of<br>r<br>ation<br>he<br>ation<br>ated |       |
|             |             | LANE<br>MEMBER                | 0   |             |        |         |              |                              |          | 0   | C  | ,   |               |   |       |
|             |             |                               | EUTLEIN   |             |        |         |              |                              |          |   |  |   |               |   |       |
| BOF         | ARD 1       | MEMBER                        | 0   | <u> </u>    | _      |         | _            |                              |          | 0   | 0  | <del>' </del>   |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  | <u></u>   |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   | -           |        |         |              |                              |          |   |  | +   |               | ., .                                      |       |
|             |             | •                             |   |             |        |         |              |                              |          |   |  | <u> </u>  |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             | <del></del>                   |   |             | -      |         | -            |                              |          |   |  | +   |               |   |       |
|             |             |                               | <u></u>   | ļ           | _      | _       | <u> </u>     |                              |          |   |  | <del> </del>  |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   | ╀           | -      |         |              | -                            | -        |   |  | <del> </del>  |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   | -     |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   |             | _      | H       |              |                              |          |   |  | <del>                                     </del>                      |               |   |       |
|             |             |                               |   | <u> </u>    |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
| 1b          | Total       |                               |   | <u> </u>    | L      |         | <u> </u>     | 1                            | <b></b>  | 54,951  |  |   |               |   |       |
| 2           |             |                               | ividuals (including those in                              | 1a)         | who    | гесе    | ived         | mor                          | e tha    | an \$100,000 in reportable o                                  | compensation from the  |   |               |   |       |
|             | organi      | zation ▶ 0                    | <del> </del>  |             |        |         |              |                              |          |   | <del> </del>   |   | 1             | Yes                                       | No    |
| 3           |             |                               |   |             |        |         |              |                              |          | yee, or highest compensa                                      | ted  |   |               |   |       |
| 4           |             |                               | a? If "Yes," complete Sche<br>sted on line 1a, is the sum |             |        |         |              |                              |          | n and other compensation                                      | from   |   | 3             |   | X     |
|             | the org     |                               | d related organizations gre                               | ater        | than   | \$15    | 0,00         | 0? If                        | "Yes     | s," complete Schedule J fo                                    | r such   |   | 4             |   | X     |
| 5           | Did an      | y person liste                |   |             |        |         |              |                              |          | y unrelated organization fo                                   | or   |   | -             |   |       |
| Sec         |             | es rendered to<br>Independent | the organization? If "Yes Contractors                     | ," CO       | mple   | te S    | cnec         | lule .                       | tor      | such person   |  |   | 5             | 1   | X     |
| 1           | Compl       | lete this table               | for your five highest comp                                | ensa        | ted    | ındej   | pend         | ient d                       | contr    | ractors that received more                                    | than \$100,000 of  |   |               |   |       |
|             | соптре      | ensation from                 | (A) Name and business address                             |             |        |         |              | -                            | Г        | Dacent  | (B)<br>otion of services   |   | Co            | (C)                                       |       |
|             |             |                               | Name and business address                                 |             |        |         |              |                              |          |   | NOT OF BELLVIOOD   |   |               | пролоск                                   |       |
|             | <del></del> |                               |   |             |        |         |              |                              | <u> </u> |   | <del></del>  |   | ├             |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
|             |             |                               |   |             |        |         |              |                              |          | <del></del>   |  |   |               |   |       |
|             |             |                               |   |             |        |         |              |                              | <u> </u> |   |  |   | <u> </u>      |   |       |
|             |             |                               |   |             |        |         |              |                              |          |   |  |   |               |   |       |
| 2           | Total r     | number of inde                | ependent contractors (incl                                | udıng       | tho    | se ır   | 1) v         | who r                        | ecei     | ved more than \$100,000 ir                                    | 1  |   |               |   |       |
| <del></del> | compe       | ensation from                 | the organization ▶  |             |        |         |              |                              |          |   |  |   | 0             | 990                                       | (00.0 |

| Pa   | rt VI | II Statement of Rev                           | enue     |               |            |                      |                                |                              |  |
|--|-------|---|----------|---------------|------------|----------------------|--------------------------------|------------------------------|--|
|  |       |   |          |               |            | (A)<br>Total revenue | (B) Related or exempt function | (C)<br>Unrelated<br>business | (D) Revenue excluded from tax under sections |
|  |       | •   |          |               |            |                      | revenue                        | revenue                      | 512, 513, or 514                             |
| 함  |       | Federated campaigns                           | 1a       |               |            |                      |                                |                              |  |
| E a  | b     | Membership dues                               | 1b       |               |            |                      |                                |                              |  |
| am,  | С     | Fundraising events                            | 1c       |               |            |                      |                                |                              |  |
| igi<br>ari   | d     | Related organizations                         | 1d       | _             |            |                      |                                |                              |  |
| S.E  | е     | Government grants (contributions)             | 1e       | 4             | 10,463     |                      |                                |                              |  |
| 흥교   | f     | All other contributions, gifts, grants,       |          |               |            |                      |                                |                              |  |
| 현  |       | and similar amounts not included above        | 1f       | 2             | 12,137     |                      |                                |                              |  |
| 들  | g     | Noncash contributions included in lines 1     | ia-1f \$ | ;             |            |                      |                                |                              |  |
| <u>ة</u> ق   | h     | Total. Add lines 1a-1f                        |          |               | <b>•</b>   | 622,600              |                                |                              |  |
| Program Service Revenue Contributions, gifts, grants |       |   |          |               | Busn. Code |                      |                                |                              |  |
| Ye.  | 2a    |   |          |               |            |                      |                                |                              |  |
| 8  | b     |   |          |               |            |                      |                                | .=                           |  |
| Ş  | c .   |   |          |               |            |                      |                                |                              |  |
| Ser  | d     | d   |          |               |            |                      |                                |                              | ļ. <u> </u>                                  |
| 틅  | е     | e   |          |               |            |                      |                                |                              |  |
| ogu  | f     | All other program service rev                 | enue/    |               |            |                      |                                |                              |  |
| 4  | g     | Total. Add lines 2a-2f                        |          |               | •          | -                    |                                |                              |  |
|  | 3     | Investment income (including                  | g divide | ends, intere  | st, and    |                      |                                |                              |  |
|  |       | other similar amounts)                        |          | . ▶           | 1,121      | 1,121                |                                |                              |  |
|  | 4     | Income from investment of to                  | ax-exer  | npt bond p    | roceeds 🕨  |                      |                                |                              |  |
|  | 5     | Royalties                                     |          |               | <b>•</b>   |                      |                                |                              |  |
|  |       | (ı) Real                                      |          | (II) P        | ersonal    |                      |                                |                              | 1  |
|  | 6a    | Gross Rents                                   |          |               |            |                      |                                |                              |  |
|  | b     | Less rental exps                              |          |               |            |                      |                                | \$                           |  |
|  | С     | Rental inc or (loss)                          |          |               |            |                      |                                | _                            |  |
|  | _d    | Net rental income or (loss)                   |          |               | <b>•</b>   |                      |                                |                              | 1  |
|  | 7a    | Gross amount from (i) Securit sales of assets | ies      | (11)          | Other      |                      |                                |                              |  |
|  |       | other than inventory                          | _        |               |            |                      |                                | `                            |  |
|  | b     | Less cost or other                            |          |               |            |                      |                                |                              |  |
|  |       | basis & sales exps                            |          |               |            |                      |                                |                              |  |
|  | С     | Gain or (loss)                                |          |               |            | tan na               | _ ** **                        | _                            | - * *-                                       |
|  | d     | Net gain or (loss)                            |          |               | <b>•</b>   |                      |                                |                              |  |
|  | 8a    | Gross income from fundraising e               | vents    |               |            |                      | •                              |                              |  |
| nue.   |       | (not including \$                             |          |               |            |                      |                                |                              |  |
| ver  |       | of contributions reported on line 1           | lc)      |               |            |                      |                                |                              |  |
| Re   |       | See Part IV, line 18                          | ŧ        | 1             |            |                      |                                |                              |  |
| Other Revenue  | b     | Less direct expenses                          | ŧ        | ´             |            |                      |                                | _                            |  |
| ŏ  | С     | Net income or (loss) from full                | ndraisir | ng events     | <b>•</b>   |                      |                                |                              |  |
|  | 9a    | Gross income from gaming activity             | ties     |               |            |                      |                                |                              |  |
|  |       | See Part IV, line 19                          | á        | ·             |            |                      |                                |                              |  |
|  |       | Less: direct expenses                         | t        |               |            |                      |                                | <u> </u>                     |  |
|  |       | Net income or (loss) from ga                  | _        | ctivities     | <u> </u>   |                      |                                |                              | <u> </u>                                     |
|  | 10a   | Gross sales of inventory, les                 | S        |               |            |                      |                                |                              | İ  |
|  |       | returns and allowances                        | á        | ــــــا       |            |                      |                                |                              | ł  |
|  | b     | Less cost of goods sold                       | t        | ·             |            |                      |                                |                              |  |
|  | င     | Net income or (loss) from sa                  |          | nventory      | <u> </u>   |                      |                                |                              |  |
|  |       | Miscellaneous Reven                           | ue       |               | Busn. Code |                      | _                              |                              |  |
|  | 11a   | REIMBURSED EXPENSES                           |          |               |            | 2,965                | 2,965                          |                              |  |
|  | b     | CLIENT FEE                                    |          |               |            | 1,065                |                                | <del></del>                  |  |
|  | С     | MISCELLANEOUS INCOM                           | E        |               |            | 26                   |                                | <del></del>                  |  |
|  | d     | All other revenue                             |          |               | L          | -12,083              | -12,083                        |                              |  |
|  |       | Total. Add lines 11a-11d                      | -        |               |            | -8,027               |                                |                              |  |
|  | 12    | Total Revenue. Add lines 11                   | n, 2g, 3 | , 4, 5, 6d, 7 | 7d, 8c,    |                      |                                |                              | _  |
|  |       | 9c, 10c, and 11e                              |          |               | ▶.         | 615,694              | <u>~6,906</u>                  | <u> </u>                     | 0  |

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|     | All other organizations must c   |                       |                                       |                                     |                                       |
|-----|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|
|     | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.               | (A)<br>Total expenses | (B) Program service expenses          | (C) Management and general expenses | (D)<br>Fundraising<br>expenses        |
| 1   | Grants and other assistance to governments and   |                       | ·                                     |                                     | · · · · · · · · · · · · · · · · · · · |
| •   | organizations in the U.S. See Part IV, line 21   |                       |                                       |                                     |                                       |
| 2   | Grants and other assistance to individuals in  |                       |                                       |                                     | ·                                     |
| _   | the U.S See Part IV, line 22   |                       |                                       |                                     |                                       |
| 3   | Grants and other assistance to governments,  |                       |                                       |                                     |                                       |
| •   | organizations, and individuals outside the   |                       |                                       |                                     |                                       |
|     | U.S See Part IV, lines 15 and 16   |                       |                                       |                                     |                                       |
| 4   | Benefits paid to or for members  |                       |                                       |                                     |                                       |
| 5   | Compensation of current officers, directors,   |                       | · · · · · · · · · · · · · · · · · · · |                                     |                                       |
| •   | trustees, and key employees  | 54,951                |                                       | 54,951                              |                                       |
| 6   | Compensation not included above, to disqualified   |                       | •                                     | 0.1700                              | <del></del>                           |
| Ū   | persons (as defined under section 4958(f)(1)) and  |                       |                                       |                                     |                                       |
|     | persons described in section 4958(c)(3)(B)   |                       |                                       |                                     |                                       |
| 7   | Other salaries and wages   | 305,385               | 305,385                               |                                     |                                       |
| -   | Pension plan contributions (include section 401(k)                                       | 303/305               | 303/300                               |                                     |                                       |
| 8   | and section 403(b) employer contributions)   |                       |                                       |                                     |                                       |
| 9   | Other employee benefits  | 19,400                | 19,400                                |                                     |                                       |
|     | · · ·  | 34,647                | 23,837                                | 10,810                              |                                       |
| 10  | Payroll taxes Fees for services (non-employees):   | 32,021                | 20,001                                | 10,010                              | <del></del>                           |
| 11  | , , , ,  |                       |                                       |                                     |                                       |
| a   | Management L   |                       |                                       | <del></del>                         |                                       |
| b   | Legal  | 6,825                 | 5,324                                 | 1,501                               |                                       |
| C . | Accounting   | 0,025                 | 5,324                                 | 1,301                               |                                       |
| d   | Lobbying   |                       |                                       |                                     |                                       |
| e   | Professional fundraising services See Part IV, line 17                                   |                       |                                       |                                     |                                       |
| t   | Investment management fees   | 95 093                | 71,787                                | 14,196                              |                                       |
| g   | Other  | 85,983                | 11,101                                | 14,190                              |                                       |
| 12  | Advertising and promotion  | 10 307                | 10 207                                |                                     |                                       |
| 13  | Office expenses  | 12,307                | 12,307                                |                                     |                                       |
| 14  | Information technology   | <del></del>           |                                       |                                     | <del></del>                           |
| 15  | Royalties  | 70 407                | 60 750                                | 15 607                              |                                       |
| 16  | Occupancy  | 78,437                | 62,750                                | 15,687                              |                                       |
| 17  | Travel   | 4,397                 | 4,397                                 |                                     |                                       |
| 18  | Payments of travel or entertainment expenses   |                       |                                       |                                     |                                       |
|     | for any federal, state, or local public officials  |                       |                                       |                                     |                                       |
| 19  | Conferences, conventions, and meetings   | 3,134                 | 3,134                                 |                                     |                                       |
| 20  | Interest   | 924                   |                                       | 924                                 |                                       |
| 21  | Payments to affiliates   |                       |                                       |                                     |                                       |
| 22  | Depreciation, depletion, and amortization  | 59,786                | 53,804                                | 5,982                               |                                       |
| 23  | Insurance  | 10,787                | 10,787                                |                                     |                                       |
|     |  |                       |                                       |                                     |                                       |
| 24  | Other expenses Itemize expenses not  |                       |                                       |                                     |                                       |
|     | covered above (Expenses grouped together   |                       | Ĩ                                     |                                     |                                       |
|     | and labeled miscellaneous may not exceed   |                       | × .                                   |                                     |                                       |
|     | 5% of total expenses shown on line 25 below.)  |                       |                                       |                                     |                                       |
| а   | <u> </u>   |                       |                                       |                                     |                                       |
| b   | <u> </u>   |                       |                                       |                                     |                                       |
| С   |  |                       |                                       |                                     |                                       |
| d   |  |                       |                                       |                                     |                                       |
| е   |  |                       |                                       |                                     |                                       |
| f   | All other expenses   |                       |                                       |                                     |                                       |
| 25  | Total functional expenses. Add lines 1 through 24f                                       | 676,963               | 572,912                               | 104,051                             |                                       |
| 26  |  |                       |                                       |                                     | -                                     |
|     | SOP 98-2 Complete this line only if the  |                       |                                       |                                     |                                       |
|     | organization reported in column (B) joint costs from a combined educational campaign and |                       |                                       |                                     |                                       |
|     | fundraising solicitation   |                       |                                       |                                     |                                       |
| DAA |  |                       |                                       |                                     | Form <b>990</b> (200                  |

| <u>P</u>                 | art X | Balance Sheet  |               |                   |     |               |             |             |
|--------------------------|-------|--|---------------|-------------------|-----|---------------|-------------|-------------|
|                          |       |  |               | (A)               |     | (B)           |             |             |
| 1                        |       |  |               | Beginning of year |     | End of        |             | 712         |
|                          | 1     | Cash—non-interest bearing                                      | -             | 4,152             | 1   | _ <del></del> |             | 712         |
|                          | 2     | Savings and temporary cash investments                         | -             | 14,373            | 2   |               |             | 495         |
|                          | 3     | Pledges and grants receivable, net                             | .  -          | 33,748            | 3   |               |             | 940         |
|                          | 4     | Accounts receivable, net                                       | · .           | 58,397            | 4   |               | 18,         | <u>605</u>  |
|                          | 5     | Receivables from current and former officers, directors, tru   |               |                   |     |               |             |             |
|                          |       | employees, or other related parties Complete Part II of Sc     | · -           |                   | 5   |               |             |             |
|                          | 6     | Receivables from other disqualified persons (as defined un     |               |                   |     |               |             |             |
|                          |       | 4958(f)(1)) and persons described in section 4958(c)(3)(B)     | Complete      |                   |     |               |             |             |
|                          |       | Part II of Schedule L  | F             |                   | 6   |               |             |             |
| Assets                   | 7     | Notes and loans receivable, net                                | -             |                   | 7   | <del></del>   |             |             |
| SS                       | 8     | Inventories for sale or use                                    | -             |                   | 8   |               |             |             |
| Ř                        | 9     | Prepaid expenses and deferred charges                          |               |                   | 9   |               |             |             |
|                          | 10a   | - · · · · · · ·  | 10a 1,798,105 | 1                 | ļ   |               |             |             |
|                          | b     | Less accumulated depreciation Complete                         | 222 600       | 1 506 000         |     | - ~ - 4 4     |             |             |
|                          |       |  | 106 330,690   | 1,526,090         |     | 1,46          | ) / , '     | 415         |
|                          | 11    | Investments—publicly traded securities                         | <u> </u>      |                   | 11  |               |             |             |
|                          | 12    | Investments—other securities. See Part IV, line 11             | <u> </u>      |                   | 12  |               |             |             |
|                          | 13    | Investments—program-related. See Part IV, line 11              | · -           |                   | 13  |               |             |             |
|                          | 14    | Intangible assets  |               | 4.5.40.6          | _14 |               | -           | =           |
|                          | 15    | Other assets See Part IV, line 11                              | <u> </u>      | 46,426            | 15  |               |             | <u>593</u>  |
|                          | 16    | Total assets. Add lines 1 through 15 (must equal line 34)      |               | 1,683,186         |     | 1,62          |             |             |
|                          | 17    | Accounts payable and accrued expenses                          | <u> </u>      | 895               | 17  |               | 1,          | 627         |
|                          | 18    | Grants payable .   | <u> </u>      |                   | 18  |               |             |             |
|                          | 19    | Deferred revenue   | _             |                   | 19  |               |             |             |
| 10                       | 20    | Tax-exempt bond liabilities                                    | _             |                   | 20  |               |             |             |
| Ë                        | 21    | Escrow account liability. Complete Part IV of Schedule D       | _             |                   | 21  |               |             |             |
| Liabilities              | 22    | Payables to current and former officers, directors, trustees   | -             |                   |     |               |             |             |
| iat                      |       | employees, highest compensated employees, and disqual          | ified         | ·                 | ٠   | -             |             |             |
| _                        |       | persons Complete Part II of Schedule L                         | <u> </u>      |                   | 22  |               |             |             |
|                          | 23    | Secured mortgages and notes payable to unrelated third p       | arties        |                   | 23  |               |             |             |
|                          | 24    | Unsecured notes and loans payable                              | _             | 24 552            | 24  |               |             |             |
|                          | 25    | Other liabilities. Complete Part X of Schedule D               | _             | 21,778            | 25  |               |             | 889         |
|                          | 26    | Total liabilities. Add lines 17 through 25                     |               | 22,673            | 26  |               | 21,         | <u>516</u>  |
| ces                      |       | Organizations that follow SFAS 117, check here ▶ X             | and           |                   |     |               |             |             |
| ŭ                        |       | complete lines 27 through 29, and lines 33 and 34.             |               |                   |     | ·             | _           | - 4 4       |
| als                      | 27    | Unrestricted net assets  | <u>_</u>      | 1,556,138         |     | 1,51          |             |             |
| 8                        | 28    | Temporarily restricted net assets                              | <u> -</u>     | 57,949            |     |               |             | <u> 157</u> |
| in c                     | 29    | Permanently restricted net assets                              | . <del></del> | 46,426            | 29  |               | 34,         | <u>343</u>  |
| F                        |       | Organizations that do not follow SFAS 117, check here          | ▶ 📙           |                   |     |               |             |             |
| o                        |       | and complete lines 30 through 34.                              |               |                   |     |               |             |             |
| ts                       | 30    | Capital stock or trust principal, or current funds             | <b> -</b>     |                   | _30 |               |             |             |
| SE                       | 31    | Paid-in or capital surplus, or land, building, or equipment fu |               |                   | 31  |               |             |             |
| Ä                        | 32    | Retained earnings, endowment, accumulated income, or o         | other funds   | 1 660 510         | 32  | 4 54          |             |             |
| Net Assets or Fund Balan | 33    | Total net assets or fund balances                              | -             | 1,660,513         | 33  | 1,59          |             |             |
|                          | 34    | Total liabilities and net assets/fund balances                 |               | 1,683,186         | 34  | 1,62          | 20,         | <u> 760</u> |
| Pi                       | art X | Financial Statements and Reporting                             |               |                   |     |               |             |             |
|                          |       |  | . 🖼           |                   |     | <del></del>   | Yes         | No          |
| 1                        |       | counting method used to prepare the Form 990 Cas               |               |                   |     |               |             | v           |
| <b>2</b> a               |       | re the organization's financial statements compiled or revie   | ·             | ant'              |     | 2a            | <del></del> | X           |
| b                        |       | re the organization's financial statements audited by an ind   |               |                   |     | 2b            | X           |             |
| C                        |       | res" to lines 2a or 2b, does the organization have a commit    |               |                   |     |               | <b>,</b>    |             |
| _                        |       | audit, review, or compilation of its financial statements and  |               |                   |     | 2c            | X           |             |
| 3a                       |       | a result of a federal award, was the organization required to  | et forth in   |                   |     |               | 45          |             |
| _                        |       | Single Audit Act and OMB Circular A-133?                       | P1-0          |                   |     | 3a            |             | X           |
| b                        |       | es," did the organization undergo the required audit or aud    | lits?         |                   |     | 3b            |             |             |

## **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

OMESTIC VIOLENCE PROGRAM, INC.

Employer identification number

|        |  |   |                                      |   | INC.          |  |  |                  |  |                   | <u>-13038 (</u> | 4       |            |
|--------|--|---|--------------------------------------|---|---------------|--|--|------------------|--|-------------------|-----------------|---------|------------|
| P      | art I  | Reas  | on for Public Charity                | Status (All organizations                       | must c        | omplet   | e this   | part.) (         | see ir   | nstruct           | tions)          |         |            |
| The    | orga   | nization is not   | a private foundation becaus          | e it is: (Please check only one o               | organizati    | on )   |  |                  |  |                   |                 |         |            |
| 1      |  | A church, cor   | nvention of churches, or ass         | ociation of churches described i                | n section     | 170(b)(1   | I)(A)(i).  |                  |  |                   |                 |         |            |
| 2      | П  | A school des  | cribed in <b>section 170(b)(1)</b> ( | A)(ii). (Attach Schedule E.)                    |               |  |  |                  |  |                   |                 |         |            |
| 3      | П  |   |                                      | ce organization described in sec                | tion 170      | (b)(1)(A)(i                                      | iii). (Atta                                      | ch Sche          | dule H   | .)                |                 |         |            |
| 4      | П  | A medical res   | search organization operated         | d in conjunction with a hospital o              | iescribed     | in sectio  | n 170(b  | )(1)(A)(i        | ii). Ente  | r the ho          | spital's name   | ),      |            |
|        |  | city, and state   | •                                    |   |               |  |  |                  |  |                   |                 |         |            |
| 5      |  | • •   |                                      | of a college or university owned                | or operate    | ed by a q  | ovemme   | ental uni        | t descri   | bed in            |                 |         |            |
| •      | ــا  | -   | b)(1)(A)(iv). (Complete Part         |   | ·             |  |  |                  |  |                   |                 |         |            |
| 6      |  |   |                                      | ··· /<br>overnmental unit described in s        | ection 17     | 0(b)(1)(A  | 1/v1   |                  |  |                   |                 |         |            |
| 7      | X  |   |                                      | substantial part of its support fro             |               |  |  | from the         | genera   | d public          |                 |         |            |
| •      | 43   | •   | · ·                                  |   | iii a gove    |  | i dilit oi                                       |                  | genera   | правно            |                 |         |            |
|        |  |   | section 170(b)(1)(A)(vi). (Co        | 70(b)(1)(A)(vi). (Complete Part                 | шх            |  |  |                  |  |                   |                 |         |            |
| 8<br>9 | $\vdash$   | •   |                                      | ) more than 33 1/3 % of its sup                 | •             | contribut  | ione me  | mherch           | ın fees  | and are           | nec             |         |            |
| 9      | Ш  | •   | = :                                  |   |               |  |  |                  |  |                   |                 |         |            |
|        |  | •   |                                      | npt functions—subject to certain                |               |  |  |                  |  |                   |                 |         |            |
|        |  |   | =                                    | nd unrelated business taxable in                |               |  |  | c) ilom t        | usines   | 565               |                 |         |            |
| 4.0    | $\Box$   | 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   |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
| е      | 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 |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
|        |  |   |                                      | and other than one or more put                  | oliciy supp   | ortea org  | janizatio  | ns desc          | nbea in  | section           | 1               |         |            |
|        |  | ` ' ' '   | section 509(a)(2)                    |   | - T I         | T 11   | T  |                  |  |                   |                 |         |            |
| f      |  |   |                                      | rmination from the IRS that it is               | a Type I,     | туре н,  | or Type  | iii suppo        | orting   |                   |                 |         |            |
|        |  | •   | check this box                       |   |               |  |  |                  |  |                   |                 |         | Ш          |
| 9      |  | =   |                                      | tion accepted any gift or contrib               | ution from    | n any of th                                      | ne   |                  |  |                   |                 |         |            |
|        |  | following per   |                                      |   |               |  |  |                  |  |                   |                 |         | Γ          |
|        |  | • • •   | •                                    | ontrols, either alone or together               | with perso    | ons descr  | nbed in (  | ii)              |  |                   |                 | Yes     | No         |
|        |  |   |                                      | f the supported organization?                   |               |  |  |                  |  |                   | 11g(ı)          | -       | ├          |
|        |  | • • •   | member of a person describ           | **  |               |  |  |                  |  |                   | 11g(ii)         | Τ-      |            |
|        |  | ` '   | •                                    | described in (i) or (ii) above?                 |               |  |  |                  |  |                   | 11g(iii         | )       | <u>L</u> _ |
| h      |  | Provide the f   | following information about t        | he organizations the organization               | n suppor      | ts   |  |                  |  |                   |                 |         |            |
| (i)    | Nam  | e of supported  | (ii) EIN                             | (iii) Type of organization                      | (rv) is the o | organization                                     | (v) Did )  | ou notify        | (vi)   | ls the            | (vii) Am        | ount of |            |
|        | org  | janization  |                                      | (described on lines 1–9<br>above or IRC section |               | sted in your                                     |  | nization in      | 1 -  | on in col         | sup             | port    |            |
|        |  |   |                                      | (see instructions))                             | governing     | document?  |  | of your<br>port? |  | zed in the<br>S ? |                 |         |            |
|        |  |   |                                      | <b>(</b>  | Yes           | No   | Yes  | No               | Yes  | No                |                 |         |            |
|        |  |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
|        |  |   |                                      |   |               |  |  | ŀ                |  |                   |                 |         |            |
|        |  |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
|        |  |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
|        |  |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
|        |  |   |                                      |   |               | <del>                                     </del> | <del>                                     </del> |                  | <del>                                     </del> |                   |                 |         |            |
| _      |  |   |                                      |   |               |  |  |                  | <u> </u>   |                   |                 |         |            |
|        |  |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |
|        |  |   |                                      |   |               |  |  |                  |  |                   |                 |         |            |

Page 2

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

|     | (Complete only if you che   | ecked the box o      | on line 5, 7, or     | 8 of Part I.)         |                       |                 |             |  |  |  |  |
|-----|---|----------------------|----------------------|-----------------------|-----------------------|-----------------|-------------|--|--|--|--|
| Sec | tion A. Public Support  |                      |                      |                       |                       |                 |             |  |  |  |  |
|     | endar 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")  | 459,506              | 492,038              | 536,347               | 570,835               | 622,600         | 2,681,326   |  |  |  |  |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                      |                      |                       |                       |                 |             |  |  |  |  |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge   |                      |                      |                       |                       |                 |             |  |  |  |  |
| 4   | Total. Add lines 1-3  | 459,506              | 492,038              | 536,347               | 570,835               | 622,600         | 2,681,326   |  |  |  |  |
| 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   |                      |                      |                       |                       |                 | 2,681,326   |  |  |  |  |
| Sec | tion B. Total Support   |                      |                      |                       |                       |                 |             |  |  |  |  |
| Cal | lendar year (or fiscal year beginning in) ▶   | (a) 2004             | ( <b>b</b> ) 2005    | (c) 2006              | (d) 2007              | (e) 2008        | (f) Total   |  |  |  |  |
| 7   | Amounts from line 4   | 459,506              | 492,038              | 536,347               | 570,835               | 622,600         | 2,681,326   |  |  |  |  |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 2                    |                      |                       | -3,574                | -8,027          | -11,599     |  |  |  |  |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  |                      |                      |                       |                       |                 |             |  |  |  |  |
| 10  | Other income. Do not include gain or loss from the sale of capital assets   | 7,100                | 928                  | 6,124                 | 743                   |                 | 14,895      |  |  |  |  |
| 11  | (Explain in Part IV.)  Total support. Add lines 7 through 10  | .,255                |                      | 3 .                   |                       |                 | 2,684,622   |  |  |  |  |
| 12  | Gross receipts from related activities, etc   | (see instructions)   |                      |                       |                       | 12              | 14,152      |  |  |  |  |
| 13  | First five years. If the Form 990 is for the  | ,                    | second third fou     | rth or fifth tay year | as a section 501/     |                 |             |  |  |  |  |
| 13  | organization, check this box and stop here  | _                    | 3000110, 111110, 100 | itil, or martax year  | 45 4 5008011 00 10    | 0)(0)           | ▶ □         |  |  |  |  |
| Sec | tion C. Computation of Public Su  |                      | age                  |                       | -                     |                 |             |  |  |  |  |
| 14  | Public support percentage for 2008 (line 6  |                      |                      | n (f))                |                       | 14              | 99.8772 %   |  |  |  |  |
| 15  | Public support percentage from 2007 Scho  |                      |                      | ·· (' <i>)</i> //     |                       | 15              | 89.8627 %   |  |  |  |  |
| 16a | 33 1/3 % support test—2008. If the organ  |                      |                      | 13. and line 14 is 3' | 3 1/3 % or more (     |                 | 05.0027, 70 |  |  |  |  |
| 104 | and <b>stop here</b> . The organization qualifies   |                      |                      | 70, and into 14 15 0  | 0 170 70 01 171010, 0 | STOCK THE DOX   | <b>▶</b> 🗓  |  |  |  |  |
| b   | 33 1/3 % support test—2007. If the organ  |                      | -                    | or 16a, and line 15   | 5 is 33 1/3 % or m    | ore check this  | ٠ ـــ       |  |  |  |  |
|     | box and <b>stop here</b> . The organization quali   |                      |                      |                       | 3 13 00 170 70 01 111 | ore, erioek ane | ▶ □         |  |  |  |  |
| 17a | 10%-facts-and-circumstances test—200  | •                    | • •                  |                       | or 16b, and line      | 14 is 10% or    | , ,         |  |  |  |  |
| 114 | more, and if the organization meets the "fa   | -                    |                      |                       |                       |                 |             |  |  |  |  |
|     | -   |                      |                      | •                     |                       |                 | ▶ 🗆         |  |  |  |  |
| b   |   |                      |                      |                       |                       |                 |             |  |  |  |  |
|     | more, and if the organization meets the "fa   | acts-and-circumstar  | nces" test, check t  | his box and stop h    | ere. Explain in Pa    | rt IV how the   | . □         |  |  |  |  |
| 40  | organization meets the "facts-and-circums   |                      | -                    |                       | •                     |                 | I H         |  |  |  |  |
| 18  | Private foundation. If the organization did   | FIIOL CHECK & DOX OF | ı ınıe ıə, ıoa, lbb  | , i/a, ∪r  /D, cnec   | ar uns dox and see    | a magruçuons    |             |  |  |  |  |

| 3 | 0 | 3 | 8 | 7 | 4 | Page 3 |  |
|---|---|---|---|---|---|--------|--|
|   |   |   |   |   |   |        |  |

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

| Soo | (Complete only if you che<br>tion A. Public Support  | cked the box        | on line 9 of Pa      | art I.)               |                    |                                       |           |
|-----|--|---------------------|----------------------|-----------------------|--------------------|---------------------------------------|-----------|
|     | lendar year (or fiscal year beginning in) ▶  | (-) 0004            | (L) 000E             | (=) 2006              | (4) 2007           | (=) 2009                              | (f) Total |
| Cai | rendar year (or riscal year beginning in)  | (a) 2004            | <b>(b)</b> 2005      | (c) 2006              | (d) 2007           | (e) 2008                              | (f) Fotal |
| 1   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |                     |                      |                       |                    |                                       |           |
| 2   | Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose                            |                     |                      |                       |                    |                                       |           |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |                     |                      |                       |                    |                                       |           |
| 4   | Tax revenues levied for the organization's<br>benefit and either paid to or expended on<br>its behalf  |                     |                      |                       |                    |                                       |           |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |                     |                      |                       |                    |                                       |           |
| 6   | Total. Add lines 1-5   |                     |                      |                       |                    |                                       |           |
| 7a  | Amounts included on lines 1, 2, and 3 received from disqualified persons   | ·                   |                      |                       |                    |                                       |           |
| 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 Add lines 7a and 7b |                     |                      |                       |                    |                                       |           |
| 8   | Public support (Subtract line 7c from line 6.)   |                     |                      |                       |                    |                                       |           |
| Sec | tion B. Total Support  |                     | 1                    | <u> </u>              | <u> </u>           | 1                                     | <u> </u>  |
|     | lendar year (or fiscal year beginning in) ▶  | (e) 2008            | (f) Total            |                       |                    |                                       |           |
| 9   | Amounts from line 6  | (a) 2004            | <b>(b)</b> 2005      | (c) 2006              | (d) 2007           | (6) 2000                              | (1) 10101 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                     |                      |                       |                    |                                       |           |
| b   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                     |                      |                       |                    |                                       |           |
| C   | Add lines 10a and 10b  |                     |                      |                       |                    |                                       |           |
| 11  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                     |                      |                       |                    |                                       |           |
| 12  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                     |                      |                       |                    |                                       |           |
| 13  | Total support. (Add lines 9, 10c, 11,  |                     |                      |                       |                    |                                       |           |
|     | and 12 )   |                     |                      | L                     |                    |                                       |           |
| 14  | First five years. If the Form 990 is for the organization, check this box and stop here  | •                   | t, second, third, fo | urth, or fifth tax ye | ar as a section 50 | 1(c)(3)                               | ▶ 🗆       |
| Sec | tion C. Computation of Public Su   |                     | tage                 |                       |                    | · · · · · · · · · · · · · · · · · · · |           |
| 15  | Public support percentage for 2008 (line 8   | , column (f) divide | d by line 13, colun  | nn (f))               |                    | 15                                    | %         |
| 16  | Public support percentage from 2007 Scho   |                     | •                    |                       |                    | 16                                    | %         |
|     | tion D. Computation of Investme  |                     |                      |                       |                    |                                       |           |
| 17  | Investment income percentage for 2008 (li  |                     |                      | 3, column (f))        |                    | 17                                    | %         |
| 18  | investment income percentage from 2007   |                     |                      |                       |                    | 18                                    | %         |
| 19a | 33 1/3 % support tests—2008. If the orga   |                     |                      | e 14, and line 15 is  | s more than 33 1/3 | 3 %, and line                         |           |
|     | 17 is not more than 33 1/3 %, check this b   |                     |                      |                       |                    |                                       | ▶ 🗌       |
| b   | 33 1/3 % support tests—2007. If the orga   | nization did not ch | eck a box on line    | 14 or line 19a, and   | line 16 is more th | nan 33 1/3%, and                      |           |
|     | line 18 is not more than 33 1/3 %, check the   |                     |                      |                       |                    | -                                     | ▶ 📙       |
| 20  | Private foundation. If the organization did  | not check a box     | on line 14, 19a or   | 19b, check this box   | and see instructi  | ons ,,,,,                             | <b>.</b>  |

Schedule A (Form 990 or 990-EZ) 2008 DOMESTIC VIOLENCE PROGRAM, INC.

62-1303874

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

Ŝ

14,895

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Nam    | e of the organization  | Employer identification number   |                       |                      |                |  |  |  |  |  |
|--------|--|--|-----------------------|----------------------|----------------|--|--|--|--|--|
|        | OMESTIC VIOLENCE PROGRAM, INC.   | <u> </u>   | 62-1303874            |                      |                |  |  |  |  |  |
| P      | organizations Maintaining Donor Advised F<br>the organization answered "Yes" to Form 990           |  | Accounts. Complete if |                      |                |  |  |  |  |  |
|        |  | (a) Donor advised funds  | (b)                   | Funds and other ac   | counts         |  |  |  |  |  |
| 1      | Total number at end of year  |  | ļ                     |                      |                |  |  |  |  |  |
| 2      | Aggregate contributions to (during year)   |  | ļ                     |                      |                |  |  |  |  |  |
| 3      | Aggregate grants from (during year)  |  | <b></b>               |                      |                |  |  |  |  |  |
| 4      | Aggregate value at end of year   |  |                       |                      |                |  |  |  |  |  |
| 5      | Did the organization inform all donors and donor advisors in writing the                           |  |                       |                      |                |  |  |  |  |  |
|        | funds are the organization's property, subject to the organization's ex                            |  |                       | ∐ Yes                | ∐ No           |  |  |  |  |  |
| 6      | Did the organization inform all grantees, donors, and donor advisors                               | *  |                       |                      |                |  |  |  |  |  |
|        | used only for charitable purposes and not for the benefit of the donor                             | r or donor advisor or other  |                       | Π.,                  | П.,            |  |  |  |  |  |
|        | impermissible private benefit?   | received "Voo" to Fo   |                       | Yes                  | No             |  |  |  |  |  |
| Pa     | art II Conservation Easements. Complete if the or  |  | rm 990, r             | art iv, line r       | •              |  |  |  |  |  |
| 1      | Purpose(s) of conservation easements held by the organization (che                                 | [] · · · · · ·   |                       | nd area              |                |  |  |  |  |  |
|        | Preservation of land for public use (e.g., recreation or pleasure)                                 | Preservation of an historically in<br>Preservation of certified historic |                       | iu area              |                |  |  |  |  |  |
|        | Protection of natural habitat  | Freservation of certified historic                                       | Structure             |                      |                |  |  |  |  |  |
| •      | Preservation of open space  Complete lines 2a–2d if the organization held a qualified conservation | on contribution in the form of a conservation                            | n escament            |                      |                |  |  |  |  |  |
| 2      | on the last day of the tax year.   | of Contribution in the form of a Conservation                            | ii cascinciii         |                      |                |  |  |  |  |  |
|        | on the last day of the tax year.   |  |                       | Held at the End      | of the Year    |  |  |  |  |  |
| а      | Total number of conservation easements   |  | 2a                    | THOIR GET CHIEF EATH |                |  |  |  |  |  |
| a<br>h | Total acreage restricted by conservation easements   |  | 2b                    |                      |                |  |  |  |  |  |
| 6      | Number of conservation easements on a certified historic structure in                              | ncluded in (a)   | 2c                    |                      |                |  |  |  |  |  |
| d      |  | , ,  | 2d                    |                      |                |  |  |  |  |  |
| 3      | Number of conservation easements modified, transferred, released,                                  |  |                       | 1                    |                |  |  |  |  |  |
|        | the taxable year   | <b>.</b>   |                       | ,                    |                |  |  |  |  |  |
| 4      | Number of states where property subject to conservation easement i                                 | is located >   |                       |                      |                |  |  |  |  |  |
| 5      | Does the organization have a written policy regarding the periodic mo                              |  |                       | _                    | _              |  |  |  |  |  |
|        | enforcement of the conservation easements it holds?  | •  |                       | Yes                  | ∐ No           |  |  |  |  |  |
| 6      | Staff or volunteer hours devoted to monitoring, inspecting, and enforce                            | cing easements during the year 🕨   |                       |                      |                |  |  |  |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, and enforcing                               | g easements during the year ▶ \$   |                       |                      |                |  |  |  |  |  |
| 8      | Does each conservation easement reported on line 2(d) above satisf                                 |  |                       |                      |                |  |  |  |  |  |
|        | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  |  |                       | ∐ Yes                | ∐ No           |  |  |  |  |  |
| 9      | In Part XIV, describe how the organization reports conservation ease                               | ements in its revenue and expense statem                                 | ent, and              |                      |                |  |  |  |  |  |
|        | balance sheet, and include, if applicable, the text of the footnote to the                         | he organization's financial statements that                              | describes             |                      |                |  |  |  |  |  |
|        | the organization's accounting for conservation easements.  |  |                       |                      |                |  |  |  |  |  |
| , Pa   | art III Organizations Maintaining Collections of Ar<br>Complete if the organization answered "Yes" | t, Historical Treasures, or Other<br>to Form 990. Part IV. line 8.       | r Similar .           | Assets.              |                |  |  |  |  |  |
|        |  |  |                       |                      |                |  |  |  |  |  |
| 1a     | If the organization elected, as permitted under SFAS 116, not to repo                              |  |                       |                      |                |  |  |  |  |  |
|        | art, historical treasures, or other similar assets held for public exhibit                         | tion, education, or research in furtherance                              | of public se          | rvice,               |                |  |  |  |  |  |
|        | provide, in Part XIV, the text of the footnote to its financial statement                          | ts that describes these items.   |                       |                      |                |  |  |  |  |  |
|        |  |  |                       |                      |                |  |  |  |  |  |
| b      | · · · · · · · · · · · · · · · · · · ·  |  |                       |                      |                |  |  |  |  |  |
|        | historical treasures, or other similar assets held for public exhibition,                          | education, or research in furtherance of p                               | ublic service         | е,                   |                |  |  |  |  |  |
|        | provide the following amounts relating to these items:   |  |                       |                      |                |  |  |  |  |  |
|        | (i) Revenues included in Form 990, Part VIII, line 1   |  | <b>•</b>              | \$                   | <del>_</del> - |  |  |  |  |  |
|        | (ii) Assets included in Form 990, Part X   |  | <b>&gt;</b>           | \$_ <b>_</b>         |                |  |  |  |  |  |
| 2      | If the organization received or held works of art, historical treasures,                           |  | provide the           |                      |                |  |  |  |  |  |
|        | following amounts required to be reported under SFAS 116 relating to                               | to these items.  | _                     | _                    |                |  |  |  |  |  |
| а      | Revenues included in Form 990, Part VIII, line 1   |  | <b>•</b>              | \$                   |                |  |  |  |  |  |
| b      | Assets included in Form 990, Part X  |  | •                     | *                    |                |  |  |  |  |  |

| <u>Sche</u>  |  | VIOLENCE PROG                        |                      |               | <u>62-13</u>                          |               |             |              |             | age 2    |  |  |
|--|--|--------------------------------------|----------------------|---------------|---------------------------------------|---------------|-------------|--------------|-------------|----------|--|--|
| Pa   | rt III Organizations Maintaining   | Collections of Art, I                | Historical Tr        | easures,      | or Other                              | Similar A     | ssets (     | contin       | ued)        | )        |  |  |
| 3  | Using the organization's accession and other items (check all that apply): | r records, check any of the          | following that ar    | e a significa | int use of its                        | collection    |             |              |             |          |  |  |
| а  | Public exhibition  | <b>d</b> ☐ Loan o                    | r exchange prog      | rams          |                                       |               |             |              |             |          |  |  |
| b  | Scholarly research   | e Other                              |                      | •             |                                       |               |             |              |             |          |  |  |
| С  | Preservation for future generations  |                                      | <b>-</b> -           |               |                                       |               | _           |              |             |          |  |  |
| 4  | Provide a description of the organization's co                             | ollections and explain how the       | ney further the o    | organization  | s exempt pu                           | irpose in     |             |              |             |          |  |  |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes |  |                                      |                      |               |                                       |               |             |              |             |          |  |  |
| Pa   | rt IV Trust, Escrow and Custoo   | _                                    | •                    | _             | n answer                              | ed "Yes" t    | o Forn      | n 990,       |             |          |  |  |
|  | Part IV, line 9, or reported   |                                      |                      |               | <del></del>                           |               | <del></del> |              |             |          |  |  |
| 1a   | Is the organization an agent, trustee, custodi                             | an or other intermediary for         | contributions of     | r other asse  | ts not                                |               |             |              | $\Box$      |          |  |  |
|  | included on Form 990, Part X?  |                                      |                      |               |                                       | •             | ٰ لــا      | Yes          | Ш           | No       |  |  |
| b  | If "Yes," explain the arrangement in Part XIV                              | and complete the following           | table                |               |                                       |               |             |              |             |          |  |  |
|  |  |                                      |                      |               |                                       |               |             | Amoun        | <u>t</u>    |          |  |  |
|  | Beginning balance  | •                                    |                      |               |                                       | . 1c          |             |              |             |          |  |  |
| d  | Additions during the year  | •                                    |                      |               |                                       | 1d            |             |              |             |          |  |  |
| е  | Distributions during the year  |                                      |                      |               |                                       | <u>1e</u>     |             |              |             |          |  |  |
| f  | Ending balance   |                                      |                      |               |                                       | 1f            |             |              | -           |          |  |  |
|  | Did the organization include an amount on F                                |                                      |                      |               |                                       |               |             | Yes          | Ш           | No       |  |  |
|  | If "Yes," explain the arrangement in Part XIV                              |                                      | 1 43 /               | ". F          | 000 B                                 | 1 13 / P      | 40          |              |             |          |  |  |
| Pa   | rt V Endowment Funds. Comp   |                                      |                      |               |                                       |               |             |              |             |          |  |  |
|  |  | (a) Current year                     | (b) Prior year       | (c) Two       | years back                            | (d) Three yea | ars back    | (e) Four     | years       | back     |  |  |
| 1a   | Beginning of year balance  | 46,426                               |                      |               | · · · · · · · · · · · · · · · · · · · |               |             | <del> </del> |             |          |  |  |
| b  | Contributions .  |                                      | <del></del>          |               |                                       |               |             |              |             |          |  |  |
| С  | Investment earnings or losses  | -12,083                              |                      |               |                                       |               |             | <del></del>  |             |          |  |  |
| d  | Grants or scholarships   |                                      |                      |               |                                       |               |             | <u> </u>     |             |          |  |  |
| e  | Other expenditures for facilities  |                                      |                      | 1             |                                       |               |             |              |             |          |  |  |
|  | and programs   |                                      |                      |               |                                       | <u> </u>      |             |              |             |          |  |  |
| f  | Administrative expenses  | 04 040                               |                      |               |                                       | <br>          |             | <b></b>      |             |          |  |  |
| g  | End of year balance .  | 34,343                               |                      | L             |                                       | l             |             | <b></b>      |             |          |  |  |
| 2  | Provide the estimated percentage of the year                               | r end balance held as                |                      |               |                                       |               |             |              |             |          |  |  |
| а  | Board designated or quasi-endowment  | %                                    |                      |               |                                       |               |             |              |             |          |  |  |
| b  | Permanent endowment ▶ 100.00 %   |                                      |                      |               |                                       |               |             |              |             |          |  |  |
|  | Term endowment ▶ %   |                                      |                      |               |                                       |               |             |              |             |          |  |  |
| За   | Are there endowment funds not in the posse                                 | ssion of the organization th         | at are held and a    | administere   | d for the                             |               |             | ı            |             | T        |  |  |
|  | organization by.   |                                      |                      |               |                                       |               |             |              | Yes         | No       |  |  |
|  | (i) unrelated organizations  |                                      |                      |               |                                       |               |             | 3a(i)        | X           | 72       |  |  |
|  | (ii) related organizations   |                                      |                      |               |                                       |               |             | 3a(ii)       |             | X        |  |  |
| b  | If "Yes" to 3a(ii), are the related organization                           |                                      |                      |               |                                       |               |             | 3b           |             | <u> </u> |  |  |
| 4  | Describe in Part XIV the intended uses of the                              |                                      |                      | 000 D-        | ( V - Page 47                         |               |             |              |             |          |  |  |
| , Pa   | rt VI Investments—Land, Build  |                                      |                      |               |                                       |               |             | 400          | <del></del> |          |  |  |
|  | Description of investment  | (a) Cost or other basis (investment) | (b) Cost of basis (o |               | (c) Del                               | preciation    |             | (d) Book     | value       |          |  |  |
| 1a   | Land   |                                      |                      | 77,500        |                                       |               |             | •            | 77,         | 500      |  |  |
|  | Buildings  |                                      |                      | , =           | ····                                  |               | 1           |              |             | <u></u>  |  |  |
|  | Leasehold improvements   |                                      | -                    |               |                                       |               | 1           |              |             |          |  |  |
|  | Equipment  |                                      |                      |               |                                       |               |             |              |             |          |  |  |
|  | Other  |                                      | 1.72                 | 20,605        | Ì .                                   | 330,69        | 0           | 1,38         | 39.         | 915      |  |  |
|  | . Add lines 1a-1e (Column (d) should equal                                 | Form 990, Part X, column (I          |                      |               | ·                                     | )             |             | 1,40         |             |          |  |  |
|  |  |                                      |                      |               |                                       |               |             |              |             |          |  |  |

|  |  | 62-1303874                              | Page <u>3</u>               |
|--|--|---|-----------------------------|
| Part VII Investments—Other Securities. See Form 990  | ), Part X, line 12.                              |   |                             |
| (a) Description of security or category  | (b) Book value                                   | (c) Method of va                        | aluation                    |
| (including name of security)   | 1  | Cost or end-of-year                     | market value                |
| Financial derivatives and other financial products   |  |   |                             |
| Closely-held equity interests  |  |   |                             |
| Other  |  | <del></del>                             | <del></del>                 |
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|  |  |   |                             |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)  |  | *                                       |                             |
| Part VIII Investments—Program Related. See Form 99   | 0, Part X, line 13.                              |   |                             |
| (a) Description of investment type   | (b) Book value                                   | (c) Method of v                         | aluation                    |
| 1-7  | ''   | Cost or end-of-year                     |                             |
|  | <del> </del>                                     |   |                             |
|  | <del>                                     </del> |   |                             |
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|  |  |   |                             |
| Total. (Column (b) should equal Form 990. Part X. col. (B) line 13.)   |  |   | <u>-</u>                    |
| 10 tall (00 tall (2) 0 tall (2) tall (2 |  |   |                             |
| Part IX Other Assets. See Form 990, Part X, line 15.   |  |   | (b) Book value              |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  | COMMINITY FOID                                   |   | (b) Book value              |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - C   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - C   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - 0   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - 0   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - C   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - 0   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - 0   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - 0   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - 0   | COMMUNITY FOUN                                   |   | 34,343                      |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS   | COMMUNITY FOUN                                   |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  |  |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  | 5.   |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  |  |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  | 5. <b>(b)</b> Amount                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  | 5. <b>(b)</b> Amount                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | (b) Book value 34,343 1,250 |
| Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  BENEFICIAL INTEREST - O  DEPOSITS  Total. (Column (b) should equal Form 990, Part X, coi (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability  Federal income taxes  OTHER LIABILITIES   | 5. (b) Amount 10,228                             |   | 34,343<br>1,250             |

| Sche   | dule D (Form 990) 2008 DOMESTIC VIOLENCE PROGRAM, INC.  | <u>62-130387</u>         | 4             | Page 4                                 |
|--------|---|--------------------------|---------------|--|
| Pa     | art XI Reconciliation of Change in Net Assets from Form 990 to Finar                                    | cial Statements          |               |  |
| 1      | Total revenue (Form 990, Part VIII, column (A), line 12)  |                          | 1             | 615,694                                |
| 2      | Total expenses (Form 990, Part IX, column (A), line 25)   |                          | 2             | 676,963                                |
| 3      | Excess or (deficit) for the year. Subtract line 2 from line 1   |                          | 3             | -61,269                                |
| 4      | Net unrealized gains (losses) on investments  |                          | 4             |  |
| 5      | Donated services and use of facilities  |                          | 5             |  |
| 6      | Investment expenses   |                          | 6             |  |
| 7      | Prior period adjustments  |                          | 7             |  |
| 8      | Other (Describe in Part XIV)  | ·                        | 8             |  |
| 9      | Total adjustments (net) Add lines 4-8   |                          | 9             |  |
| 10     | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9                        |                          | 10            | -61,269                                |
|        | art XII Reconciliation of Revenue per Audited Financial Statements W                                    | ith Revenue per Re       | urn           |  |
| 1      | Total revenue, gains, and other support per audited financial statements                                |                          | 1             | 649,463                                |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |                          |               |  |
| -<br>а | Net unrealized gains on investments 2a  |                          |               |  |
| b      | Donated services and use of facilities 2b   | 33,769                   |               |  |
| •      | Recovenes of prior year grants 2c   | 557.55                   | ļ             |  |
| ٦      | · · · ·   |                          |               |  |
| d      |   |                          |               | 33,769                                 |
| 9      | Add lines 2a through 2d   |                          | 2e<br>3       | 615,694                                |
| 3      | Subtract line 2e from line 1  |                          | -3-           | 013,094                                |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                    |                          |               |  |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b  |                          |               |  |
| Ь      | Other (Describe in Part XIV)  |                          |               |  |
| С      | Add lines 4a and 4b   |                          | 4c            | C1E C04                                |
| 5_     | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)                        |                          | 5             | 615,694                                |
| Pa     | ert XIII Reconciliation of Expenses per Audited Financial Statements V                                  | Vith Expenses per F      | tetur         | n = ================================== |
| 1      | Total expenses and losses per audited financial statements  |                          | _1_           | 710,732                                |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                       |                          |               |  |
| а      | Donated services and use of facilities 2a   | 33,769                   |               |  |
| b      | Pnor year adjustments 2b  |                          |               |  |
| C      | Losses reported on Form 990, Part IX, line 25   |                          |               |  |
| d      | Other (Describe in Part XIV)  |                          |               |  |
| е      | Add lines 2a through 2d   |                          | 2e            | 33,769                                 |
| 3      | Subtract line 2e from line 1  |                          | 3             | 676,963                                |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                      |                          |               |  |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  |                          |               |  |
| b      | Other (Describe in Part XIV)  |                          |               |  |
| С      | Add lines 4a and 4b   |                          | 4c            |  |
| 5      | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)                        |                          | 5             | 676,963                                |
|        | nt XIV Supplemental Information   |                          |               |  |
|        | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4, Part IV, lines 1b |               |  |
|        | 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  |                          |               |  |
|        | PART V, LINE 4 - INTENDED USES FOR ENDOWMENT F  |                          |               |  |
| _      |   |                          | <del></del> - |  |
|        | APPROXIMATELY 5% OF EARNINGS FROM THIS ENDOWME  | <u>NT_FUND ARE A</u>     | VAI           | LABLE FOR THE                          |
|        | ORGANIZATION'S OPERATING USE.   |                          |               |  |
| -      |   |                          |               |  |
| _      |   |                          | _             |  |
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| Schedule D (F             | orm 990)     | 2008         | DO         | MES   | TIC   | VI     | OLE    | NCE | PI | ROG | RAI | M, | IN | C. |   |   | 62 | -13 | 038 | 374 | <u> </u> | <br> |            |   | 2age <b>5</b> |
|---------------------------|--------------|--------------|------------|-------|-------|--------|--------|-----|----|-----|-----|----|----|----|---|---|----|-----|-----|-----|----------|------|------------|---|---------------|
| Schedule D (F<br>Part XIV | Supple       | emen         | ital Ir    | nforn | natio | n (cor | itinue | d)  |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    | _ |   | _  |     |     | _   | _        | <br> | _          |   |               |
|                           | <del>-</del> |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           | <u>-•</u>    |              |            |       |       |        |        |     |    | _   | _   | _  |    |    | _ | _ | _  |     | _   | _   |          | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    | _   |     |    |    |    |   |   | _  |     | _   |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   | _  | _   |     | _   | _        | <br> | _          |   |               |
|                           |              |              |            |       |       |        |        |     |    | _   | _   | _  |    |    | _ |   |    |     | _   | _   |          | <br> | _          |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    | _   | _   | _  |    |    | _ |   |    |     | _   |     |          | <br> | _          |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     | _   | _   | _        | <br> |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     | _   | _  |    |    |   |   |    |     | _   |     | _        |      |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   | _ | _  |     | _   | _   | _        | <br> | _          | _ |               |
|                           |              |              |            |       |       |        |        |     |    | _   |     |    |    |    |   |   |    |     |     |     |          | -    |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   | _ | _  |     |     |     | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    | _   | _   |    |    | _  |   |   | _  |     |     |     |          |      |            |   | •             |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    | _ | _ | _  |     | _   | _   | _        | <br> |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        |     |    | _   | _   | _  |    |    | _ | _ | _  |     | _   | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    |   | _ | _  |     |     | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     | _   | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     | _   | _  |    |    |   | _ | _  |     |     | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     |     | _  |    |    | _ | _ | _  |     | _   | _   | _        | <br> |            |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     |     |     | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     |     | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     |     |     | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ |   | _  |     |     | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    | _   | _   | _  |    |    | _ | _ | _  |     |     | _   | _        | <br> | . —        | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              | . <b>–</b> . |            |       |       |        |        | _   |    |     | _   |    |    |    | _ | _ | _  |     |     | _   | _        | <br> | _          | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     |     | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              | . — .        |            |       |       |        |        | _   |    |     | _   |    |    |    | _ | _ | _  |     | . — | _   | _        | <br> | _          | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     | -   | _   | _        | <br> | - —        | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              | <b>-</b> - |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     | -   | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            |       |       |        |        | _   |    | -   | _   |    |    |    | _ | _ | _  |     | -   | _   | _        | <br> | -          |   |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              | . —          |            |       |       |        |        | _   |    |     | _   | _  |    |    | _ | _ | _  |     | -   | _   | _        | <br> | -          | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            | _     |       |        |        | _   |    |     | _   | _  |    |    | _ | - | _  |     | -   | _   | _        | <br> |            | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |
|                           |              |              |            | _     |       |        |        | _   |    | -   | _   | _  |    |    | _ | _ | _  | _ ~ | . — | _   | _        | <br> | - <b>-</b> | _ |               |
|                           |              |              |            |       |       |        |        |     |    |     |     |    |    |    |   |   |    |     |     |     |          |      |            |   |               |