

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

2004

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DOMESTIC VIOLENCE PROGRAM, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2652 City or town, state or country, and ZIP + 4 MURFREESBORO, TN 37133-2652	D Employer identification number 62-1303874 E Telephone number 615-896-2012 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)

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

I Group Exemption Number ▶

G Website: ▶ **N/A**

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **486,008.**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	119,667.		
	b	Indirect public support	1b	58,330.		
	c	Government contributions (grants)	1c	300,909.		
	d	Total (add lines 1a through 1c) (cash \$ 478,906. noncash \$)	1d		478,906.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	2.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)			7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		8a				
		8b	974.			
		8c	<974.>			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	<974.>		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
		10b				
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)			11	7,100.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	485,034.	
Expenses	13	Program services (from line 44, column (B))			13	437,296.
	14	Management and general (from line 44, column (C))			14	85,252.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 13 and 14, column (A))			17	522,548.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<37,514.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,732,198.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,694,684.

DOMESTIC VIOLENCE PROGRAM, INC.

62-1303874

Part II Statement of Functional Expenses

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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	44,093.	0.	44,093.
26 Other salaries and wages	26	220,874.	220,874.	
27 Pension plan contributions	27			
28 Other employee benefits	28	14,027.	11,227.	2,800.
29 Payroll taxes	29	22,463.	17,980.	4,483.
30 Professional fundraising fees	30			
31 Accounting fees	31	10,450.	8,151.	2,299.
32 Legal fees	32			
33 Supplies	33	15,247.	15,247.	
34 Telephone	34	16,925.	15,486.	1,439.
35 Postage and shipping	35	1,468.	1,468.	
36 Occupancy	36	62,745.	50,196.	12,549.
37 Equipment rental and maintenance	37	5,029.	5,029.	
38 Printing and publications	38	2,079.		2,079.
39 Travel	39	2,737.	2,737.	
40 Conferences, conventions, and meetings	40	1,263.	1,263.	
41 Interest	41	5,740.		5,740.
42 Depreciation, depletion, etc. (attach schedule) ...	42	59,780.	53,802.	5,978.
43 Other expenses not covered above (itemize):				
a CONTRACT LABOR	43a	7,681.	7,681.	
b OTHER EXPENSES -MGNT &	43b			
c GENERAL	43c	3,792.		3,792.
d DIRECT SERVICES	43d	12,686.	12,686.	
e INSURANCE	43e	13,469.	13,469.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	522,548.	437,296.	85,252.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐**SERVICES AND ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a AID TO CLIENTS IN CRISIS SITUATIONS INCLUDING TEMPORARY HOUSING, COUNSELING, COURT ADVOCACY AND GENERAL SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.

(Grants and allocations \$ _____)

437,296.

b

(Grants and allocations \$ _____)

c

(Grants and allocations \$ _____)

d

(Grants and allocations \$ _____)

e Other program services (attach schedule)

(Grants and allocations \$ _____)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ☐

437,296.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	9,045.	45	6,926.
	46 Savings and temporary cash investments	34,609.	46	18,575.
	47 a Accounts receivable 47a 55,603.			
	b Less: allowance for doubtful accounts 47b	54,000.	47c	55,603.
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable	15,684.	49	19,321.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,487.	53	2,486.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation 55b		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a 1,777,624.				
b Less: accumulated depreciation STMT 2 57b 90,835.	1,738,976.	57c	1,686,789.	
58 Other assets (describe)	1,041.	58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,855,842.	59	1,789,700.	
Liabilities	60 Accounts payable and accrued expenses	4,769.	60	6,966.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	106,678.	64b	74,040.
	65 Other liabilities (describe OTHER LIABILITIES)	12,197.	65	14,010.
66 Total liabilities (add lines 60 through 65)	123,644.	66	95,016.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,678,198.	67	1,640,684.
	68 Temporarily restricted	54,000.	68	54,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,732,198.	73	1,694,684.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,855,842.	74	1,789,700.	

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

Part IV-A	Reconciliation of Revenue per Audited Financial Statements with Revenue per Return
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a	Total revenue, gains, and other support per audited financial statements	a	509,852.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities ... \$ 23,844.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 3 \$ 974.		
	Add amounts on lines (1) through (4) ▶	b	24,818.
c	Line a minus line b	c	485,034.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ▶	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	485,034.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	547,366.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$ 23,844.		
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify):		
	STMT 4 \$ 974.		
	Add amounts on lines (1) through (4) ...	b	24,818.
c	Line a minus line b	c	522,548.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) ...	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	522,548.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization DEBORAH JOHNSON and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a List the states with which a copy of this return is filed TENNESSEE		
b Number of employees employed in the pay period that includes March 12, 2004 90b 14		
91 The books are in care of DEBORAH JOHNSON Telephone no. 615-896-2012		

Located at **P.O. BOX 2652, MURFREESBORO, TN**ZIP + 4 **37130**

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

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a _____
b _____
c _____
d _____
e _____

f Medicare/Medicaid payments _____

g Fees and contracts from government agencies _____

94 Membership dues and assessments _____

95 Interest on savings and temporary cash investments _____

96 Dividends and interest from securities _____

97 Net rental income or (loss) from real estate:

a debt-financed property _____

b not debt-financed property _____

98 Net rental income or (loss) from personal property _____

99 Other investment income _____

100 Gain or (loss) from sales of assets

other than inventory _____

101 Net income or (loss) from special events _____

102 Gross profit or (loss) from sales of inventory _____

103 Other revenue:

a MISCELLANEOUS _____

b _____

c _____

d _____

e _____

104 Subtotal (add columns (B), (D), and (E)) _____

105 Total (add line 104, columns (B), (D), and (E)) _____

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A INCIDENTAL REVENUE RELATED TO OPERATION OF EXEMPT FUNCTION

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Type or print name and title.
Paid Preparer's Use Only	Preparer's signature	MARK E. FOLLIS, CPA	Date	12/27/05
	Firm's name (or yours if self-employed), address, and ZIP + 4	DEMPSEY VANTREASE & FOLLIS PLLC 630 S. CHURCH ST., STE 300 MURFREESBORO, TENNESSEE 37130		EIN
423161 01-13-05	Phone no.			(615) 893-6666

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2004

Name of the organization

DOMESTIC VIOLENCE PROGRAM, INC.

Employer identification number

62 1303874

Part I

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

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

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V, FORM 990</u>	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	439,105.	375,078.	453,833.	387,734.	1,655,750.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	200.	36,380.	29,886.	1,495.	67,961.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,808.	9,850.	4,430.	6,699.	23,787.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	46,845.	68,913.	SEE STATEMENT 6 70,259.	32,291.	218,308.
23 Total of lines 15 through 22	488,958.	490,221.	558,408.	428,219.	1,965,806.
24 Line 23 minus line 17	488,758.	453,841.	528,522.	426,724.	1,897,845.
25 Enter 1% of line 23	4,890.	4,902.	5,584.	4,282.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 37,957.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,897,845.
d Add: Amounts from column (e) for lines: 18 23,787. 19 22 218,308. 26b					26d 242,095.
e Public support (line 26c minus line 26d total)					26e 1,655,750.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.2437%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

NONE

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

Schedule B
(Form 990, 990-EZ, or
990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Employer identification number

DOMESTIC VIOLENCE PROGRAM, INC.

62-1303874

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization	Employer identification number
DOMESTIC VIOLENCE PROGRAM, INC.	62-1303874

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 58,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 190,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOMESTIC VIOLENCE PROGRAM, INC.

62-1303874

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 36,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 31,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
1	BUILDING							
	12/22/03	SL	40.00	16	1,567,452.		19,593.	39,186.
	* 990 PAGE 2 TOTAL BUILDINGS							
					1,567,452.	0.	19,593.	39,186.
	FURNITURE & FIXTURES							
2	BUNKBEDS							
	06/30/02	SL	5.00	16	1,836.		734.	367.
3	WASHERS							
	06/30/02	SL	10.00	16	3,059.		612.	306.
4	DRYERS							
	06/30/02	SL	10.00	16	3,059.		612.	306.
5	CHAIR-ZONE STACKS							
	12/22/03	SL	7.00	16	2,258.		161.	323.
6	FOLDING TABLES							
	12/22/03	SL	7.00	16	3,829.		273.	547.
7	ROUND DINING TABLES							
	12/22/03	SL	7.00	16	1,487.		106.	212.
8	STK BULK FRAMES							
	12/22/03	SL	7.00	16	2,946.		210.	421.
9	TRAINING TABLE CART							
	12/22/03	SL	7.00	16	498.		36.	71.
10	DOLLY FOR ZONE CHAIRS							
	12/22/03	SL	7.00	16	191.		14.	27.
11	DISHWASHERS							
	12/22/03	SL	7.00	16	534.		38.	76.
12	ELECTRIC RANGES							
	12/22/03	SL	7.00	16	1,556.		111.	222.
13	REFRIGERATORS							
	12/22/03	SL	7.00	16	2,274.		162.	325.
14	FREEZER - 20.3 CUFT							
	12/22/03	SL	7.00	16	479.		34.	68.
15	COMPACT FRIDGE							
	12/22/03	SL	7.00	16	430.		31.	61.
16	MICROWAVES							
	12/22/03	SL	7.00	16	495.		35.	71.
17	PHONE SYSTEM (APART FROM SHELTER)							
	12/22/03	SL	10.00	16	657.		33.	66.
18	CARPET							
	12/22/03	SL	7.00	16	36,718.		2,623.	5,245.
19	DISPOSERS							
	12/22/03	SL	5.00	16	228.		23.	46.
20	RING HOOD							
	12/22/03	SL	5.00	16	220.		22.	44.
21	WATER HOSE							
	12/22/03	SL	5.00	16	24.		2.	5.
22	REF CORD WIRE							
	12/22/03	SL	5.00	16	48.		5.	10.
23	DVD PLAYER							
	11/15/03	SL	5.00	16	105.		14.	21.
24	COUCH							
	12/22/03	SL	7.00	16	600.		43.	86.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
25	ARMOIRE W/ DOORS							
	122203	SL	10.00	16	9,218.		461.	922.
26	DRESSERS							
	122203	SL	7.00	16	7,194.		514.	1,028.
27	CHESTS							
	122203	SL	7.00	16	837.		60.	120.
28	NIGHTSTANDS							
	122203	SL	7.00	16	2,856.		204.	408.
29	DOUBLE HEADBOARDS							
	122203	SL	7.00	16	1,455.		104.	208.
30	QUEEN HEADBOARD							
	122203	SL	7.00	16	220.		16.	31.
31	PORTAL CHAIR GRADE							
	122203	SL	5.00	16	1,808.		181.	362.
32	PORTAL LOVESEAT							
	122203	SL	7.00	16	1,367.		98.	195.
33	PORTAL CHAIR GRADE 3							
	122203	SL	5.00	16	1,786.		179.	357.
34	PORTAL LOVESEAT GRADE 3							
	122203	SL	7.00	16	2,730.		195.	390.
35	PORTAL CHAIR GRADE 3							
	122203	SL	5.00	16	1,786.		179.	357.
36	PORTAL LOVESEAT GRADE 3							
	122203	SL	7.00	16	2,731.		195.	390.
37	PORTAL CHAIR GRADE 3							
	122203	SL	5.00	16	1,786.		179.	357.
38	LYONNESQUE CHESTS							
	122203	SL	7.00	16	837.		60.	120.
39	QUEEN MATTRESS, BOX SPRING							
	122203	SL	5.00	16	301.		30.	60.
40	FULL MATTRESS, BOX SPRINGS							
	122203	SL	5.00	16	3,138.		314.	628.
41	TWIN MATTRESS, BOX SPRINGS							
	122203	SL	5.00	16	1,265.		127.	253.
42	FULL MATTRESS, BOX SPRINGS							
	122203	SL	5.00	16	1,212.		121.	242.
43	SECURITY SYSTEM							
	043004	SL	10.00	16	8,493.		142.	849.
45	COMPUTER							
	080300	SL	5.00	16	970.		760.	194.
46	COMPUTER							
	110300	SL	5.00	16	1,950.		1,430.	390.
47	COMPUTER							
	081801	SL	3.00	16	375.		354.	21.
48	COMPUTER							
	110801	SL	3.00	16	440.		391.	49.
49	COMPUTER PACKAGE							
	112602	SL	5.00	16	660.		209.	132.
50	COPIER - CAPITAL LEASE							
	110104	SL	5.00	16	9,726.			1,297.
51	COMPUTERS							
	070104	SL	3.00	16	4,000.			1,333.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					132,672.	0.	12,437.	19,619.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS				STATEMENT	1
DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
				PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)	
	0.	974.	0.	0.	<974.>	
TO FM 990, PART I, LN 8		974.	0.	0.	<974.>	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	2
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
BUILDING	1,567,452.	58,779.	1,508,673.		
BUNKBEDS	1,836.	1,101.	735.		
WASHERS	3,059.	918.	2,141.		
DRYERS	3,059.	918.	2,141.		
CHAIR-ZONE STACKS	2,258.	484.	1,774.		
FOLDING TABLES	3,829.	820.	3,009.		
ROUND DINING TABLES	1,487.	318.	1,169.		
STK BULK FRAMES	2,946.	631.	2,315.		
TRAINING TABLE CART	498.	107.	391.		
DOLLY FOR ZONE CHAIRS	191.	41.	150.		
DISHWASHERS	534.	114.	420.		
ELECTRIC RANGES	1,556.	333.	1,223.		
REFRIGERATORS	2,274.	487.	1,787.		
FREEZER - 20.3 CUFT	479.	102.	377.		
COMPACT FRIDGE	430.	92.	338.		
MICROWAVES	495.	106.	389.		
PHONE SYSTEM (APART FROM SHELTER)	657.	99.	558.		
CARPET	36,718.	7,868.	28,850.		
DISPOSERS	228.	69.	159.		
RING HOOD	220.	66.	154.		
WATER HOSE	24.	7.	17.		
REF CORD WIRE	48.	15.	33.		
DVD PLAYER	105.	35.	70.		
COUCH	600.	129.	471.		
ARMOIRE W/ DOORS	9,218.	1,383.	7,835.		
DRESSERS	7,194.	1,542.	5,652.		
CHESTS	837.	180.	657.		
NIGHTSTANDS	2,856.	612.	2,244.		

DOUBLE HEADBOARDS	1,455.	312.	1,143.
QUEEN HEADBOARD	220.	47.	173.
PORTAL CHAIR GRADE	1,808.	543.	1,265.
PORTAL LOVESEAT	1,367.	293.	1,074.
PORTAL CHAIR GRADE 3	1,786.	536.	1,250.
PORTAL LOVESEAT GRADE 3	2,730.	585.	2,145.
PORTAL CHAIR GRADE 3	1,786.	536.	1,250.
PORTAL LOVESEAT GRADE 3	2,731.	585.	2,146.
PORTAL CHAIR GRADE 3	1,786.	536.	1,250.
LYONNESQUE CHESTS	837.	180.	657.
QUEEN MATTRESS, BOX SPRING	301.	90.	211.
FULL MATTRESS, BOX SPRINGS	3,138.	942.	2,196.
TWIN MATTRESS, BOX SPRINGS	1,265.	380.	885.
FULL MATTRESS, BOX SPRINGS	1,212.	363.	849.
SECURITY SYSTEM	8,493.	991.	7,502.
LAND	77,500.	0.	77,500.
COMPUTER	970.	954.	16.
COMPUTER	1,950.	1,820.	130.
COMPUTER	375.	375.	0.
COMPUTER	440.	440.	0.
COMPUTER PACKAGE	660.	341.	319.
COPIER - CAPITAL LEASE	9,726.	1,297.	8,429.
COMPUTERS	4,000.	1,333.	2,667.
TOTAL TO FORM 990, PART IV, LN 57	1,777,624.	90,835.	1,686,789.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	3
DESCRIPTION		AMOUNT	
OTHER REVENUE NOT INCLUDED ON FORM		974.	
TOTAL TO FORM 990, PART IV-A		974.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	4
DESCRIPTION		AMOUNT	
OTHER EXPENSES NOT INCLUDED ON FORM		974.	
TOTAL TO FORM 990, PART IV-B		974.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBORAH JOHNSON P.O. BOX 2652 MURFREESBORO, TN 37133-2652	DIRECTOR 40	44,093.	0.	0.
SHERRY GALLOWAY, M.D. 3014 ST-JOHN'S DRIVE MURFREESBORO, TN 37129	CHAIRMAN 0	0.	0.	0.
SUSAN DE WINTER 320 WOODWARD LANE WOODBURY, TN 37190	BOARD MEMBER 0	0.	0.	0.
CHANTHO SOURINHO 1987 RANSOM DRIVE MURFREESBORO, TN 37130	BOARD MEMBER 0	0.	0.	0.
GREEN HOUSE MINISTRY - JANE SHARP 4703 LASCASSAS PIKE LASCASSAS, TN 37085	BOARD MEMBER 0	0.	0.	0.
CALVARY BANK - CINDY MAY 2203 PINEHILL CR. MURFREESBORO, TN 37129	BOARD MEMBER 0	0.	0.	0.
DR. JACK COLEMAN 2832 SULPHUR SPRINGS RD. MURFREESBORO, TN 37129	BOARD MEMBER 0	0.	0.	0.
BRENDA MCKNIGHT 3364 ESQUIRE DR. MURFREESBORO, TN 37130	BOARD MEMBER 0	0.	0.	0.
LOIS SHIPP 1002 E NORTHFIELD BLVD. C-106 MURFREESBORO, TN 37130	BOARD MEMBER 0	0.	0.	0.
PEGGY YOUNG 1819 RIVERVIEW DR. MURFREESBORO, TN 37129	BOARD MEMBER 0	0.	0.	0.
MARY SAMPLE 2111 STILLWELL CT. MURFREESBORO, TN 37130	BOARD MEMBER 0	0.	0.	0.

DOMESTIC VIOLENCE PROGRAM, INC.

62-1303874

CHIP HOOVER 2302 BATTLEGROUND MURFREESBORO, TN 37129	BOARD MEMBER 0	0.	0.	0.
J.D. KENNEDY 910 GREENHILL ST. MURFREESBORO, TN 37129	BOARD MEMBER 0	0.	0.	0.
LIZ RHEA 1547 GEORGETOWN LANE MURFREESBORO, TN 37129	BOARD MEMBER 0	0.	0.	0.
CHARLIE BAUM - MTSU P.O. BOX 27 MURFREESBORO, TN 37132	BOARD MEMBER 0	0.	0.	0.
NICCI COLLINS 1329 BALSON DR. MURFREESBORO, TN 37128	BOARD MEMBER 0	0.	0.	0.
JANE BARTON 2007 WINDSOR ST. MURFREESBORO, TN 37130	NON-VOTING BOARD MEMBER 0	0.	0.	0.
POLLY RIDLEY 4431 LEBANON PIKE MURFREESBORO, TN 37129	NON-VOTING BOARD MEMBER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		44,093.	0.	0.

SCHEDULE A

OTHER INCOME

STATEMENT

6

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
IN KIND DONATIONS OF SERVICES/RENT FUNDRAISING	46,845. 0.	63,127. 5,786.	65,732. 4,527.	32,291. 0.
TOTAL TO SCHEDULE A, LINE 22	46,845.	68,913.	70,259.	32,291.