				EXTE	ENDED TO	O MAY 17,	2021			
		00	Return	of Ora	anizatio	n Exempt	From	Income	Тах	OMB No. 1545-0047
For	m y	90	Under section 501							2019
•	(Rev. January 2020) Do not enter social security numbers on this form as it may							y be made pub	lic.	Open to Public
Depa Interr	artment o nal Reve	of the Treasury enue Service	► Go			for instructions a	and the late	st information		Inspection
AF	or the	e 2019 calend	lar year, or tax year	beginning	JUL 1,	2019 an	nd ending	<u>JUN 30,</u>	2020	
B c	Check if applicabl	le: C Name o	f organization					D Employe	er identifica	tion number
	Addre chang		STIC VIOLE	NCE SEF	RVICE CI	ENTER. IN	C.			
	Name chang		usiness as					- **_	***0668	8
	Initial return		and street (or P.O. b	ox if mail is not	delivered to str	eet address)	Room/sui			•
	Final		BOX 2177						0)823-0	5799
	termin	n-	own, state or provin	ce. countrv. a	nd ZIP or fore	ian postal code		G Gross recei		2,497,365.
	Amen	ded WTTK	ES BARRE,			5 1		H(a) Is this	a group retu	
	Applic tion	^{ca-} F Name a	nd address of princi	pal officer:PA	AULA TR	IANO			ordinates?	
	pendir	^{ng} SAME	AS C ABOVE	1				H(b) Are all si	ubordinates inclu	ded? Yes No
				501(c) () 🗲 (insert i		1) or 📃 5:	27 If "No,	" attach a lis	t. (see instructions)
			DOMESTICVI	OLENCES	SERVICE	•ORG			exemption r	
			X Corporation	Trust	Association	Other 🕨	L Yea	ar of formation:	1978 <mark>м</mark> 8	State of legal domicile: PA
Pa	art I	Summary								
e	1	Briefly describ	be the organization's	mission or m	ost significant	activities: THE	MISSI	ON OF D	VSC IS	TO WORK
anc		TOWARD	THE ELIMIN	ATION C	OF DOME;	STIC VIOL	ENCE B	Y STRIV	ING TO	PROVIDE
Governance			ox ▶ ∟ if the or	-						
<u>So</u>			ting members of the	•						10
			dependent voting me							10 35
ties			of individuals emplo							16
Activities &		Total number of volunteers (estimate if necessary) 6 a Total unrelated business revenue from Part VIII, column (C), line 12 7a					0.			
Ac										0.
	a	Net unrelated	business taxable in	come from Fo	orm 990-1, line	39	<u></u>	Prior Ye		Current Year
	8	Contributions	and grants (Part VII	l lino 1h)			-	2,243		2,486,364.
nue			ice revenue (Part VIII	, , , , , , ,					,309.	1,601.
Revenue		•	come (Part VIII, colu						710.	2,863.
č			e (Part VIII, column (A					16	,557.	4,856.
			- add lines 8 through					2,263	,793.	2,495,684.
			milar amounts paid (0.	0.
	14	Benefits paid	to or for members (F	Part IX, columi	n (A), line 4)				0.	0.
Se	15	Salaries, othe	r compensation, em	ployee benefit	fits (Part IX, column (A), lines 5-10) (A), line 11e)), line 25)			1,565		1,687,839.
sus	16a	Professional f	undraising fees (Par	t IX, column (A	A), line 11e)		L		0.	0.
Expenses										
ш			es (Part IX, column (,663.	755,927.
			es. Add lines 13-17 (r					2,207		2,443,766.
<u> </u>	19	Revenue less	expenses. Subtract	line 18 from li	ine 12				,025.	51,918.
Net Assets or Fund Balances								Beginning of Cur		End of Year 1,402,776.
Asse Bala	20	Total assets (I	, , , , , , , , , , , , , , , , , , , ,					1,435	, <u>813.</u> ,497.	180,542.
let ∕ und	21		(Part X, line 26)							1,222,234.
	² E 22 Net assets or fund balances. Subtract line 21 from line 20									
	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									
			. Declaration of prepare						-	
	,			,	,		1	,	5	
Sig	n	Signatur	e of officer					Date	9	
Her		PAUL	A TRIANO,	EXECUTI	IVE DIR	ECTOR				
-			print name and title							
		Drint/Type pro	narar'a nama		Dronaror's	cianaturo		Date	Check	1 PTIN

932001 01-2	2001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
Use Only	Firm's address 190 LATHROP ST. KINGSTON, PA 187	704	Phone no. 570 – 2	83-2727			
				1050			
Preparer	Firm's name 👞 KRONICK KALADA H	SERDY & CO. P.C.	Firm's EIN 🕨 **-	***7890			
Paid	WILLIAM FROMEL CPA	WILLIAM FROMEL CPA	12/09/20 self-employed F	00132615			
	Print/Type preparer's name	Preparer's signature		FIIN			

01 20 20							
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

		ge 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF DVSC IS TO WORK TOWARD THE ELIMINATION OF DOMESTIC	
	VIOLENCE BY STRIVING TO PROVIDE SAFETY, EMPOWERMENT AND	
	SELF-SUFFICIENCY TO VICTIMS OF DOMESTIC VIOLENCE IN LUZERNE AND CARBON COUNTY.	i
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,282,253. including grants of \$) (Revenue \$ 1,601	•)
	TO PROVIDE PROTECTIVE SERVICES SUCH AS CRISIS INTERVENTION, EMERGENCY SHELTER, SUPPORTIVE COUNSELING, COURT ADVOCACY, CIVIL LEGAL	
	REPRESENTATION, COMMUNITY OUTREACH & EDUCATION, LIFE SKILLS & PARENTIN	
	TRAINING, AND TRANSITIONAL HOUSING TO DOMESTIC VIOLENCE VICTIMS.	9
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_ ′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,282,253.	
	Form 990 (2	019)
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1 - 1	2	1

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	UP1		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form	990	(2019)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
01	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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2019.05010 DOMESTIC VIOLENCE SERVICE C 1615A_1

Form 990 (2019)	DOMESTIC	VIOLENCE	SERVICE	CENTER,	INC.
Part V Stateme	nts Regarding Othe	er IRS Filings	and Tax Cor	npliance (con	tinued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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 required to file Form 8282?	7.		х
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		- 23
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8				
	sponsoring organization have excess business holdings at any time during the year?			
9				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
Ň	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Form 990	(2019)
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DOMESTIC VIOLENCE SERVICE CENTER, INC.

Check if Schedule O contains a response or note to any line in this Part VI

-*0668 Page**6**

Χ

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2	through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	-

		1.1	1 0		Yes	1
	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1.0			
	Enter the number of voting members included on line 1a, above, who are independent	-	10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations	-	•			
	officer, director, trustee, or key employee?			2	Х	\downarrow
	Did the organization delegate control over management duties customarily performed by or under		-			
	of officers, directors, trustees, or key employees to a management company or other person? \dots			3		\downarrow
1	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was	filed?	4		1
	Did the organization become aware during the year of a significant diversion of the organization's a			5		1
6	Did the organization have members or stockholders?			6		1
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members					Τ
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					Τ
	The governing body?	-	-	8a	Х	Τ
	Each committee with authority to act on behalf of the governing body?			8b	Х	T
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal					
					Yes	Τ
Da	Did the organization have local chapters, branches, or affiliates?			10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such					T
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• •		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C			t
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	T
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					t
	in Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	Х	t
	Did the organization have a written document retention and destruction policy?			14	Х	t
	Did the process for determining compensation of the following persons include a review and appro					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		spendent			
	The organization's CEO, Executive Director, or top management official			15a	х	L
				15a	X	╉
	Other officers or key employees of the organization			130		\dagger
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	Amont with	1 2			I
				16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			100		\dagger
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orc	-	-			1
		•		16b		1
	exempt status with respect to such arrangements?				1	1
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 000 T	(Contion E01/a)/0)e oek		1
		anu 990-1	(3)(3) TUC 1101391	is only	y aval	ιίč
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain the control of the con	in on Sobr	dula ()			
`			,	dfine		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	CONNECT OF	interest policy, an	u inal	icial	
	statements available to the public during the tax year.		raaard-			
	State the name, address, and telephone number of the person who possesses the organization's to $PAULA TRIANO - 570 - 823 - 6799$	DOOKS and	recoras 🕨			
	P.O. BOX 2177, WILKES BARRE, PA 18703					
	01-20-20			Farre	990	1

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do		Pos	itior	1 than	one	Reportable	Reportable	Estimated		
	hours per week					is bot pr/trus		compensation from	compensation from related	amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) MICHAEL LAST	0.80											
MEMBER		X						0.	0.	0.		
(2) PEGGY ENGLE, ESQ. SECRETARY	0.80	x		x				0.	0.	0.		
	1.50	^						0.	0.	0.		
(3) PAUL LANTZ TREASURER	1.50	x		x				0.	0.	0.		
(4) PAUL ANTONY	0.80											
PRESIDENT		X		х				0.	0.	0.		
(5) KIMBERLY ALBERT	0.50											
MEMBER		X						0.	0.	0.		
(6) KATELYN CAMPBELL	0.50											
MEMBER		Х						0.	0.	0.		
(7) EDMUND J ABDO JR	0.50											
VICE PRESIDENT		Х		х				0.	0.	0.		
(8) KATHERINE POHLIDAL	0.50									•		
MEMBER		х						0.	0.	0.		
(9) CANDICE DUTKO	0.50								0	0		
MEMBER		X						0.	0.	0.		
(10) SANDY RIFKIN	0.50								0	0		
LIFE MEMBER	45.00	X						0.	0.	0.		
(11) PAULA TRIANO EXECUTIVE DIRECTOR	45.00			x				139,278.	0.	25,274.		
		-		-	-	-						
932007 01-20-20										Form 990 (2019)		

932007 01-20-20

Form **990** (2019)

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	990 (2019)	DOM	ESTIC	VIOLEN	CE	SE	₹R∖	710	CE	C	ENTER,	INC.	**_*	**0	668	Pa	age 8
Par	t VII _{Sec}	tion A. Officers, Direc	ctors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensate	d Employe	es (continued)				
		(A) Name and title		(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(E Repor comper fro	rtable nsation	(E) Reportable compensation from related		an	(F) timate nount o other	
				(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	th organi (W-2/109	zation	organization (W-2/1099-MI		fr org and	pensa om the anizati d relate anizatio	e on ed
							-										
1b	Subtotal										13	9,278.		0.	2	5,2	74.
c d	Total from Total (add	n continuation sheets I lines 1b and 1c) ber of individuals (inclu	to Part VI	I, Section A					 			0 • 9 , 278 • e than \$100).000 of reportab	0. 0.	2	5,2'	0. 74.
		tion from the organiza	-						.,							<u> </u>	1
3		ganization list any forn "Yes," complete Scheo									, ,				3	Yes	No X
4 5	For any ine and relate	dividual listed on line 1 d organizations greate erson listed on line 1a i	a, is the su r than \$150	ım of reportab),000? <i>If</i> "Yes,	le co " <i>co</i>	ompe <i>mple</i>	ensa ete S	atior Sche	n and edule	d ot e <i>J 1</i>	her compens for such indiv	sation from /idual	the organization		4	X	
	rendered t	o the organization? If	"Yes," com	•							•				5		Х
Sec 1	Complete	ependent Contractors this table for your five zation. Report comper	highest co											npens	ation f	rom	
			(A) d business			ONE						(B) cription of s		C	(C Compe		ı
2		ber of independent co		-	not li	mite	d to		se li:	stec	d above) who	received n	nore than				
	φ100,000	of compensation from	the organi												Form	990 (2	2019)

932008 01-20-20

<u>Fo</u> rm	<u>1 9</u> 9	0 (;			OL	ENCE SER	VICE C	ENTE	R, INC.	**-***0	668 Pa	ge 9
Ра	rt \	/11	Statement of Reve	enue								-
			Check if Schedule O con	ntains a respo	nse	or note to any lir	ne in this Pa	rt VIII				
							(A) Total rev		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax uno sections 512 -	der
nts nts	1	а	Federated campaigns	1a		64,669.						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues									
ts, (Arr		с	Fundraising events	1c								
Gif ilar			Related organizations									
ns, Sim			Government grants (contribu		2,	322,956.						
utio Ier (f	All other contributions, gifts, gra			00 720						
trib Oth			similar amounts not included abo			98,739.						
Son		-	Noncash contributions included in line				2,486,	364.				
0		<u>n</u>	Total. Add lines 1a-1f			Business Code	2,400,	5011				
e	2	а	RENT			900099	1.	601.	1,601.			
e rvic	~	b					/		_,			
Sel		с										
am		d										
Program Service Revenue		е										
Ъ		f	All other program service rev	enue								
		g	Total. Add lines 2a-2f				1,	601.				
	3		Investment income (including					062			2 0/	
			other similar amounts)				Δ,	863.	~		2,86	
	4		Income from investment of ta	-	-							
	5		Royalties	(i) Real		(ii) Personal						
	6	а	Gross rents 6a			(
	Ŭ		Less: rental expenses 6									
			Rental income or (loss) 6	_								
	7	а	Gross amount from sales of	(i) Securiti	es	(ii) Other						
			assets other than inventory 7	a								
•		b	Less: cost or other basis									
evenue			and sales expenses 71									
еvе			Gain or (loss) 70									
Other R	•		Net gain or (loss)			>						
Othe	8	а	Gross income from fundraising e including \$	-								
0			including \$ contributions reported on line									
			Part IV, line 18	-	8a	6,537.						
		b	Less: direct expenses		8b	1,681.						
			Net income or (loss) from fun		ts	►	4,	856.			4,85	56.
	9	а	Gross income from gaming a	activities. See								
			Part IV, line 19		9a							
			Less: direct expenses		9b							
			Net income or (loss) from gar			🕨						
	10	а	Gross sales of inventory, less									
			and allowances		10a 10b							
			Less: cost of goods sold									
_		C	Net income or (loss) from sal		y	Business Code						
sno	11	а										
ane		b			_						L	
sells		c			_							
Miscellaneous Revenue		d	All other revenue									
2			Total. Add lines 11a-11d			►						
	12		Total revenue. See instructions			►	2,495,	684.	1,601.	0.	7,71	
93200	9 01	1-20	-20								Form 990 (2	2019

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	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations		·		•						
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	164,552.	154,678.	4,937.	4,937						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)		1 0 0 0 0 0 0								
7	Other salaries and wages	1,135,302.	1,072,035.	29,095.	34,172						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)		260 004		10 405						
9	Other employee benefits	387,985.	368,804.	8,696.	10,485						
10	Payroll taxes										
11	Fees for services (nonemployees):										
a	Management										
b		18,410.	15,280.	2,762.	368						
	Accounting	10,410.	15,200.	2,702.	500						
d e	Lobbying Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion	14,409.	13,979.	427.	3.						
13	Office expenses	68,750.	62,000.	5,376.	1,374						
14	Information technology		-	-	-						
15	Royalties										
16	Occupancy	212,243.	209,017.	1,825.	1,401						
17	Travel	21,253.	19,978.	850.	425						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	1,659.	1,659.								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	40,328.	20,164.	20,164.							
23	Insurance	22,419.	22,071.	195.	153						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	MAINTENANCE	86,384.	84,752.	996.	636						
b	PROFESSIONAL FEES	72,372.	57,642.	13,808.	922						
С	PROGRAM SUPPLIES	64,430.	64,430.								
d	SPECIAL ASSISTANCE	48,710.	48,710.								
е	All other expenses	84,560.	67,054.	17,253.	253						
25	Total functional expenses. Add lines 1 through 24e	2,443,766.	2,282,253.	106,384.	55,129						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

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Form **990** (2019)

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Form 990 (2019)

DOMESTIC VIOLENCE SERVICE CENTER, INC. 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).

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Pledges and grants receivable, net 3 3 501,639. 594,546. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,449,181. basis. Complete Part VI of Schedule D _____ 10a 946,071. 543,438. 503,110. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,435,813. 1,402,776. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 151,415. 143,411. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 114,082. 19 37,131. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 265,497. 180,542. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,055,488. 1,121,465. Net assets without donor restrictions 27 27 114,828. 100,769. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,170,316. 1,222,234. Total net assets or fund balances 32 32 1,435,813. 1,402,776. 33 33 Total liabilities and net assets/fund balances ... Form **990** (2019)

DOMESTIC VIOLENCE SERVICE CENTER, INC.

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

-*0668 Page **11**

(B)

End of year

350.

304,770.

(A)

Beginning of year

350.

390,386.

1

2

1

2

Form 990 (2019)	
Part X	Balance	Sheet

Form	990 (2019) DOMESTIC VIOLENCE SERVICE CENTER, INC.	**_**	*0668	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,44		
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,17	0,3	16.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,22	<u>2,2</u>	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			ĺ
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
				000	

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
------------	--

Department of the Treasury

1	Form	990	or	990-EZ
1		550		

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public Inspection

Intern	al Reve	nue Service	▶ ▶	Go to www.irs.go	v/Form990 for instructi	ons and tl	he latest i	nformation.		Inspection	
Nan	ne of	the organizati								identification nu	
D-					NCE SERVICE					*-***0668	
	rt I			-	All organizations must co	•	. ,		S.		
	orgar		•		(For lines 1 through 12, o	•	,				
1		-			on of churches describe			1)(A)(i).			
2					(Attach Schedule E (Forn						
3			•		anization described in s						
4				ation operated in co	onjunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's nam	ıe,
		city, and stat	-								
5		-	-		ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in	
				Complete Part II.)							
6	37				mental unit described in						
7	Ă				antial part of its support	from a gov	rernmental	unit or from	the general	public described i	n
				omplete Part II.)							
8	\square				(1)(A)(vi). (Complete Par						
9					in section 170(b)(1)(A)						
			or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	le or	
		university:									
10					e than 33 1/3% of its sup						
					ect to certain exceptions,						
					e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	aπer June 30, 197	5.
11				mplete Part III.)	aivaly to toot for public or	foty Soo	contion E(O(a)(4)			
12	\square	-	-	-	sively to test for public sa sively for the benefit of, to				arry out the	nurnoses of one	or
12					ed in section 509(a)(1) o						01
					of supporting organization						
а		-			supervised, or controlled					<i>i</i> aivina	
u					egularly appoint or elect						
				complete Part IV, S		amajoney				apporting	
b					d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ivina	
					anization vested in the s						
			-		Sections A and C.	•			0 1		
с		Γ	. ,	•	ng organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,	
		its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)	
		that is not	functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremer	nt (see instruct	ions). You must co	mplete Part IV, Section	s A and D,	, and Part	V .			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III		
		functionally	y integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.				
f	Ente	er the number	of supported of	organizations							
g			<u> </u>	n about the support		(iv) is the orga	anization listed	(.) (6 .	(
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ii		(vi) Amount of otl support (see instruc	
		organization	•		above (see instructions))	Yes	No				
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.05010 DOMESTIC VIOLENCE SERVICE C 1615A_1

-*0668 Page 2 Schedule A (Form 990 or 990 EZ) 2019 DOMESTIC VIOLENCE SERVICE CENTER, INC. Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,633,539.	1,814,797.	1,891,966.	2,246,526.	2,487,965.	10,074,793.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	1,633,539.	1,814,797.	1,891,966.	2,246,526.	2,487,965.	10,074,793.
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)						
	Public support. Subtract line 5 from line 4.						10,074,793.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,633,539.	1,814,797.	1,891,966.	2,246,526.	2,487,965.	10,074,793.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	177.	206.	203.	710.	2,863.	4,159.
•	and income from similar sources	1//•	200.	203.	/10.	2,003.	4,109.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	12,782.	15,036.	14,681.	16,557.	4,856.	63,912.
	assets (Explain in Part VI.)	12,702.	13,030.	14,001.	10,337.	4,050.	10,142,864.
	Total support. Add lines 7 through 10	ata (aca inatruati				12	10,142,004.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to			
13	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			olump (f))		14	99.33 %
	Public support percentage from 2018					15	98.95 %
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18							
	I8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019						

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-*0668 Page3 Schedule A (Form 990 or 990 EZ) 2019 DOMESTIC VIOLENCE SERVICE CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2019 (lin	ne 8, column (f), ‹	divided by line 13,	, column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves)			
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from 2		'			18	%
	33 1/3% support tests - 2019. If the o		•			33 1/3%, and line	
	more than 33 1/3%, check this box an	-					
h	33 1/3% support tests - 2018. If the o						and
2	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	23 09-25-19	I GIG HOL CHECK &					0 or 990-EZ) 2019
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Schedule A (Form 990 or 990-EZ) 2019 DOMESTIC VIOLENCE SERVICE CENTER, INC. **-**0668 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990-EZ) 2019 DOMESTIC VIOLENCE SERVICE CENTER, INC. **-***0668 Page 5

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	L The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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Sche	dule A (Form 990 or 990-EZ) 2019 DOMESTIC VIOLENCE SERVIC	ΕC	ENTER, INC.	**-***0668 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain ir	n Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 DOMESTIC VIOLENCE SERVICE CENTER, INC. **-**0668 Page 7

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)				
Secti	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is responsiv	е				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
с	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2015						
b	Excess from 2016						
с	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-E	Z) 2019 DO	OMESTIC	VIOLENCE	SERVICE	CENTER,	INC.	**-***066	8 Page
Part VI	Supplemental Part IV, Section A,	I Informa , lines 1, 2, 3 ction D, lines , 6, and 8; ar	tion. Provide 3b, 3c, 4b, 4c, 2 and 3; Part	the explanations 5a, 6, 9a, 9b, 9c, IV, Section E, line	required by Part 11a, 11b, and 11 s 1c, 2a, 2b, 3a,	II, line 10; Part c; Part IV, Sect and 3b; Part V,	II, line 17a or ion B, lines 1 line 1; Part \	17b; Part III, line 12 and 2; Part IV, Sec /, Section B, line 1e;	<u>2;</u> tion C,
	(See Instructions.)								
						· ·			
932028 09-25-	19						Schedul	e A (Form 990 or 99	90-EZ) 20
	759340 16	1 5 7	~	010 05010	20				
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Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

-0668

	DC	MESTIC VIOLENCE SERVICE CENTER, INC.	**-***0668			
Organiz	ation type (check o	ne):				
Filers of	f:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
General	Rule For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or			
Special						
X	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun line 1. Complete Parts I and II.	or 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an <i>exclusively</i> religious, nplete any of the parts unless the General Rule applies to this organization because it r e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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, 990-EZ, or 990-PF.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

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DOMESTIC VIOLENCE SERVICE CENTER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF WYOMING VALLEY 100 PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	\$ <u>55,875.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Employer identification number

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DOMESTIC VIOLENCE SERVICE CENTER, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-06-		\$Schedule B (Form	990, 990-EZ, or 990-PF) (;

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page				
Name of c	organization		Employer identification number				
DOMES	TIC VIOLENCE SERVICE C	ENTER, INC.	**-**0668				
Part III	from any one contributor. Complete columns	(a) through (e) and the following line entry	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea y. For organizations				
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or le al space is needed.	ess for the year. (Enter this info. once.) 🕨 \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		-					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			· · · · · · · · · · · · · · · · · · ·				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		-					
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
923454 11-0	06-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019				
		24					

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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. The to wnw its gov/Eorm/900 for instructions and the latest informat



Interna	Revenue Service	90 for instructions and the latest information	on. inspection
Nam	e of the organization DOMESTIC VIOLENCE	SERVICE CENTER, INC.	Employer identification number **-***0668
Pa			r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	t II Conservation Easements. Complete if the org	apization answord "Vas" on Form 900 Pad	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			
b			
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year
_	▶		
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing conservation	easements during the year
~	▶\$		
8	Does each conservation easement reported on line 2(d) above	/e satisfy the requirements of section 170(h)(-	
•	and section 170(h)(4)(B)(ii)?	an appamenta in its revenue and evenence at	Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.		s that describes the
Pa	t III Organizations Maintaining Collections or	f Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

2019.05010 DOMESTIC VIOLENCE SERVICE C 1615A_1

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Using the organization accession, and other records, check any of the following that make significant use of its collection tarms (check all that apply): a Public exhibition a Public exhibition d Loan or exchange program b b Scholary research e Other c Public exhibition e Other 4 Provide a description of the organization solic or recoive donations of art, historical treasures, or other similar assets to be solic or large that antimate as a part of the organization collection? 9 Part V Encrow and Custodial Arrangements. Complete If the organization collection? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Yes No b If 'Yes,' explain the arrangement in Part XIII check here If the organization answered 'Yes' on Form 990, Part XII Yes No b If 'Yes,' explain the arrangement in Part XIII check here If the organization scheme tarrangement in Part XIII check here If the organization accurit liability? Yes No b If 'Yes,' explain the arrangement in Part XIII check here If the organization answered 'Yes' on Form 900, Part XII Part V Information table account liability? Yes No b If Yes,' explain the arrangement in Part XIII. Check here If the org			C VIOLENCE			-					8 Page 2
collection terms (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Provide a decorption of the organization solution or ark hange program c Provide a decorption of the organization solution of ark, historical treasures, or other similar assets to be solution that the organization solution of the organization solution of ark, historical treasures, or other similar assets to be solution that the organization solution of the organization solution of the organization answered "Yes" on Form 990, Part XJ, line 21, or resported an amount on Form 990, Part XJ, line 21, for escrow or distorial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the erganization account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the erganization included an Part XIII. Check here If the erganization included an Part XIII. Check here If the erganization include an anount on Form 990, Part X, line 21, for escrow or distorial account liability? Yes No b If Yes," explain the arrangement in Part XIII. Check here If the erganization included an Part XIII. Check here If the erganization include an anount on Form 990, Part X, line 20. Yes No b If Yes," explain the arrangement in Part XIII. Check here If the erganization include an Part XIII. Check here If the erganization include an Part XIII. Check here If the ergan	Par									ts (contin	nued)
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3		ion, and other record	ds, check	any of the	following that	t make sig	gnificant u	ise of its		
b Scholary research e Other											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or 11 The second and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or 12 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or distodial account liability? 11 Is the organization include an amount on Form 990, Part X, line 21, for escrew or distodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or distodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or distodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or distodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or distodial account liability? 3 Da the organization include an amount on Form 990, Part X, line 21, for escrew or distodial account liability? 4	а		-								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization as objection? Part W escrow and State than to be mantained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is dialines Is	b		e		ther						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization's collection? Ves no 1a Is the organization angewent V. Usele, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: It Amount 1c c Beginning balance 1c Amount 1d 1d c Beginning the year 1d 1d 1d 1d c Beginning the year 1d 1d 1d 1d 1d c Additions during the year 1e 1d	С	-									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for secrew or clustodial account liability? Yes No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Second Control Conter Contentact Control Control Contrel Control Contro									se in Par	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Direct). It is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Direct). It is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Direct). It is the organization and agent, trustee, custodian account isolity? Ne b If 'Yes,' explain the arrangement in Part XIII and complete the following table: It is the organization and the part of the customation has been provided on Part XIII. It is the organization and the part of the customation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. It is escharation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. It is escharation has been provided on Part XIII. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Four years back and programs. It is is a contributions. a Contributions (b) Prior year (c) Two years back is a dord part and programs. It is contributions. It is contributions. a Contributions (b) Froer year ba	5									٦	
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Three years back (e) Four years back (e) Four years back 1a Contributions (a) Current year end balance (line 1g, column (a)) held as: abcard designated or quasi-endowment } 5% 1b Permanent endowment } 5% The percentages on lines 2a, 2b, and 2c shoul		• •									
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a									7	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pro'year (c) No years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Pro'year (c) No years back (d) Three years back (e) Four years back a Contributions (a) Current year of (b) Pro'year (c) No years back (d) Three years back (e) Four years back a Other expenditures for facilities (d) Current year of balance (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Provide the estimated percentage of the current year of balance (line 1g, column (a)) held as: a Board designated or quasization									L	Yes	
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a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) Unrelated organizations % (ii) Related organizations % 4 Describe in Part XIII the intended uses of the organization's endowment funds. % Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	-				column (r)) hold as:					
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation I Land Description of property (a) Cost or other basis (other) (c) Accumulated depreciation I Land Description of property (a) Cost or other basis (other) (c) Accumulated depreciation I Land Description of property (a) Cost or other basis (other) (c) Accumulated depreciation I Land Description of property (a) Cost or other basis (other) (c) Accumulated depreciation Description of property (a) Accumulated basis (other) (c) Accumulated depreciation Description of property (1,187,948.690,346.497,602.		•									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land (d) Book value b Buildings 1,187,948. 690,346. 497,602. d Equipment 261,233. 255,725. 5,508. e Other 0. 0.											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Land (d) Book value b Buildings Leasehold improvements 1,187,948. 690,346. 497,602. d Equipment 261,233. 255,725. 5,508. 0.	b										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										0.0	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	_				140.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				0. Part IV.	line 11a. S	See Form 990). Part X. li	ine 10.			
basis (investment) basis (other) depreciation 1a Land											k value
1a Land		becomption of property			.,				·	, 2001	
b Buildings 1,187,948. 690,346. 497,602. c Leasehold improvements 261,233. 255,725. 5,508. e Other 0.	1a	Land				. ,					
c Leasehold improvements 1,187,948. 690,346. 497,602. d Equipment 261,233. 255,725. 5,508. e Other 0.											
d Equipment 261,233. 255,725. 5,508. e Other 0. 0.					1,18	7,948.	6	90,34	6.	49'	7,602.
e Other											
								, _			· .
				X, colum	n (B), line 1	10c.)				50	3,110.

Schedule D (Form 990) 2019

932052 10-02-19

Schedule D (Form 990) 2019 DOME	STIC VIOLEN	CE SERVIC	E CENTER,	INC.	**-***0668 Page 3
Part VII Investments - Other Se					
Complete if the organization an	swered "Yes" on Form	990, Part IV, line	11b. See Form 990	0, Part X, line 1	12.
(a) Description of security or category (including i	name of security) (b)	Book value	(c) Method of	valuation: Cos	st or end-of-year market value
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col.					
Part VIII Investments - Program	Related.				
Complete if the organization an					
(a) Description of investment	(b)	Book value	(c) Method of	valuation: Cos	st or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col.	(B) line 13.) 🕨				
Part IX Other Assets.					
Complete if the organization an			11d. See Form 990	0, Part X, line 1	
	(a) Descript	ion			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Pail Part X Other Liabilities.	τ X, COI. (Β) IINE 15.)		<u></u>		🕨
Complete if the organization an	sword "Vos" on Form	000 Part IV line	110 or 11f Soo Eo	rm 000 Part V	(line 25
(-) Descriptions of		330, Fait IV, iiile	The of Th. See To	ini 990, Fait A	(b) Book value
	lability				
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)	t V and (P) line OF				
Total. (Column (b) must equal Form 990, Par					
2. Liability for uncertain tax positions. In Pa			-		
organization's liability for uncertain tax p	ositions under FASB A	50 740. Check h	ere if the text of the	e lootnote has	been provided in Part XIII [A]

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 DOMESTIC VIOLENCE SERVICE	CENTER,	INC.	**_	***0668 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per F	Return	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-			
1	Total revenue, gains, and other support per audited financial statements			1	2,497,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,681.		
е	Add lines 2a through 2d			2e	1,681.
3	Subtract line 2e from line 1			3	2,495,684.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,495,684.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,445,447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d	1,681.		
е	Add lines 2a through 2d			2e	1,681.
3	Subtract line 2e from line 1			3	2,443,766.
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	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,443,766.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE AGENCY HAS BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER THE
INTERNAL REVENUE CODE SECTION 501(C)(3) AND SIMILAR STATE STATUTES AND,
THEREFORE, HAS NO PROVISION FOR INCOME TAXES. THE AGENCY FOLLOWS THE
GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR
INCOME TAXES, RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A
THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE ARE NO SUCH
UNCERTAIN TAX POSITIONS FOR THE AGENCY. THE AGENCY'S TAX RETURNS ARE
SUBJECT TO POSSIBLE EXAMINATION BY TAXING AUTHORITIES. FOR FEDERAL INCOME
TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE
EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING
932054 10-02-19 Schedule D (Form 990) 2019
10471209 759340 1615A 2019.05010 DOMESTIC VIOLENCE SERVICE C 1615A_1

Bechedule D (Form 990) 2019 DO Part XIII Supplemental Information	OMESTIC	violence	SERVICE	CENTER,	INC.	**_**	*0668	Page 5
DEADLINES OF THOSE RET	TURNS. T	HE AGENC	'S OPEN	TAX YEA	RS ARE	2017	THROUC	ΞH
2020.								
PART XI, LINE 2D - OTH	HER ADJU	STMENTS:						
DIRECT FUNDRAISING EXI	PENSE						1,	,681
PART XII, LINE 2D - O	THER ADJ	USTMENTS	:					
DIRECT FUNDRAISING EXI	PENSES						1,	,681
		65						
932055 10-02-19						Schedule	e D (Form 9	90) 20 [.]
71209 759340 1615A	2(019.05010	29 DOMESTI	C VIOLEI	NCE SER	VICE (C 1615	A:

SC	HEDULE J	Compensation Information	(OMB No.	1545-00	47	
(Fo	rm 990)	990) For certain Officers, Directors, Trustees, Key Employees, and Highest					
	-	Compensated Employees		20	IJ)	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	(Open to			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nan	e of the organizatio		Employer iden			mber	
		DOMESTIC VIOLENCE SERVICE CENTER, INC.	**_**	*066	8		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, jaka setter i set					
	Travel for com						
		cation and gross-up payments Health or social club dues or initiation fees					
	Discretionary	spending account Personal services (such as maid, chauffeur	r, chef)				
_							
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
•							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior						
	·	compensation consultant					
	L Form 990 of o	ther organizations	ommittee				
4	During the year di	A any person listed on Form 000. Dort VII. Contian A line to with respect to the filing					
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	•			40		x	
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?		4a 4b		X	
		ceive payment from, an equity-based compensation arrangement?		40 4c		X	
C		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		τυ			
	In res to any or in						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
-	contingent on the r						
а	•			5a		х	
		ation?		5b		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r						
а		~ 		6a		X	
		ation?		6b		X	
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i				
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990) 2019	

932111 10-21-19

n 990) 2019 DOMESTIC VIOLENCE SERVICE CENTER, INC. **-***0668

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PAULA TRIANO	(i)	139,278.	0.	0.	13,335.	11,939.	164,552.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				·			
	(ii)							
	(i)							
	(ii)				~			
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number **-**0668

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DOMESTIC VIOLENCE SERVICE CENTER,

SAFETY, EMPOWERMENT AND SELF-SUFFICIENCY TO VICTIMS OF DOMESTIC

VIOLENCE.

FORM 990, PART VI, SECTION A, LINE 2:

PAUL LANTZ, BUILDING AND GROUNDS COMMITTEE CHAIR, FINANCE AND AUDIT

COMMITTEE CHAIR & PERSONNEL COMMITTEE MEMBER IS RELATED THROUGH MARRIAGE TO

SANDY RIFKIN LIFE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE,

EXECUTIVE DIRECTOR, AND THE ENTIRE BOARD OF DIRECTORS PRIOR TO SUBMISSION

TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

POTENTIAL CONFLICTS OF INTEREST ARE ADDRESSED DURING BOARD MEETINGS. THE

ORGANIZATION REFRAINS FROM ANY ACTION UNTIL THE PROPOSED POLICY,

TRANSACTION, OR PROPOSED ACTION HAS BEEN APPROVED BY THE MEMBERS OF THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

SALARIES AND BENEFITS ARE REVIEWED BY THE PERSONNEL COMMITTEE OF THE BOARD, AND THE ENTIRE BOARD VOTES ON THE PROPOSED CHANGES. WITH REGARD TO OTHER PERSONNEL, THE SAME PROCESS APPLIES, EXCEPT THE EXECUTIVE DIRECTOR WOULD ALSO HAVE INPUT IN THESE PROPOSED CHANGES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DOMESTIC VIOLENCE SERVICE CENTER, INC.	Employer identification number **-**0668
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF FORM 990 IS MADE AVAILABLE TO INTERESTED PARTIES	S UPON WRITTEN
REQUEST	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	DRS, ETC:
MICHAEL LAST - 291 S. FRANKLIN STREET, WILKES BARRE, PA 18	3701
PEGGY ENGLE, ESQ 33 NORTH MAIN STREET, SUITE 200, PITTS	STON, PA 18640
PAUL LANTZ - 1400 SANS SOUCI PARKWAY, WILKES BARRE, PA 187	706
PAULA TRIANO - 610 ARTHUR STREET, HAZLETON, PA 18201	
PAUL ANTONY - 205 KIMBERLY LANE, THORNHURST, PA 18424	
KIMBERLY ALBERT - NAVIENT, 220 LASLEY AVE, WILKES BARRE, F	PA 18706
KATELYN CAMPBELL - 196 HILL TOP DRIVE, SUNBURY, PA 17801	
EDMUND J ABDO JR - 44 HILL TOP DRIVE, HONESDALE, PA 18431	
KATHERINE POHLIDAL - MISERICORDIA UNIVERSITY, 301 LAKE STR	REET
DALLAS, PA 18612	
CANDICE DUTKO - GEISINGER, 1000 EAST MOUNTAIN BLVD, WILKES	5 BARRE, PA 18711
SANDY RIFKIN - 200 RIVERSIDE DRIVE, WILKES BARRE, PA 18702	2
FORM 990, PART XII, LINE 2C	

THERE HAS BEEN NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS FROM

PRIOR YEARS.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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FORM 990 PAGE 10

FORM 9.	90 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	ne Unadjusted ^{o.} Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	GROUP 1840 - FURNITURE & EQUIPMENT													
	OTHER													
1	FURNITURE & FIXTURES	VARIOUS	200DB	7.00	HY1	58,627.				58,627.	58,627.		0.	58,627.
8	FURNITURE AND EQUIPMENT	VARIOUS	200DB	7.00	HY1	2,004.				2,004.	2,004.		0.	2,004.
14	FURNITURE AND EQUIPMENT	11/01/99	SL	5.00	1	5 500.				500.	500.		0.	500.
15	FURNITURE AND EQUIPMENT	11/01/99	SL	5.00	1	5 210.				210.	210.		0.	210.
16	FURNITURE AND EQUIPMENT	03/01/00	SL	7.00	1	5 2,897.				2,897.	2,897.		0.	2,897.
19	FURNITURE AND EQUIPMENT	06/01/00	SL	5.00	1	469.				469.	469.		0.	469.
20	FURNITURE AND EQUIPMENT	06/01/00	SL	7.00	1	5 3,519.				3,519.	3,519.		٥.	3,519.
21	FURNITURE AND EQUIPMENT	06/01/00	SL	7.00	1	914.				914.	914.		0.	914.
22	FURNITURE AND EQUIPMENT	06/01/00	SL	5.00	1	5 1,950.				1,950.	1,950.		٥.	1,950.
23	FURNITURE AND EQUIPMENT	06/01/00	SL	7.00	1	5 4,981.				4,981.	4,981.		0.	4,981.
24	FURNITURE AND EQUIPMENT	06/01/00	SL	5.00	1	5 160.				160.	160.		٥.	160.
25	FURNITURE AND EQUIPMENT	04/01/00	SL	5.00	1	5 435.				435.	435.		0.	435.
27	FURNITURE AND EQUIPMENT	06/16/00	SL	5.00	1	5 1,295.				1,295.	1,295.		٥.	1,295.
28	FURNITURE AND EQUIPMENT	06/30/00	SL	5.00	1	5 9,792.				9,792.	9,792.		0.	9,792.
29	FURNITURE AND EQUIPMENT	05/30/00	SL	5.00	1	5 2,500.				2,500.	2,500.		٥.	2,500.
30	REFRIGERATOR	10/01/00	SL	5.00	1	5 429.				429.	429.		٥.	429.

928111 04-01-19

(D) - Asset disposed

FORM 990 PAGE 10

|--|

0101 9.	90 PAGE 10	-		_				990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	FURNITURE & EQUIPMENT	12/04/01	SL	7.00		16	950.				950.	950.		0.	950.
32	FURNITURE & EQUIPMENT	04/19/02	SL	7.00		16	4,668.				4,668.	4,668.		٥.	4,668.
33	FURNITURE & EQUIPMENT	03/12/02	SL	7.00		16	2,095.				2,095.	2,095.		0.	2,095.
42	FURNITURE & EQUIPMENT - DRYER	07/01/03	SL	5.00		16	1,058.				1,058.	1,058.		0.	1,058.
43	DISHWASHER	10/21/03	SL	5.00		16	300.				300.	300.		٥.	300.
44	TELEPHONE SYSTEM	06/22/04	SL	7.00		16	518.				518.	518.		0.	518.
45	15 BUNK BEDS	06/22/04	SL	7.00		16	11,925.				11,925.	11,925.		٥.	11,925.
48	5 DELL COMPUTERS (A)	06/23/06	SL	5.00		16	3,222.				3,222.	3,222.		0.	3,222.
51	CONSULTING FEE	06/23/06		60M	нү	43	700.				700.	700.		٥.	700.
52	CONSULTING FEE	06/23/06		60M	нү	43	775.				775.	775.		0.	775.
53	COUCHES FOR BHP	03/27/07	SL	7.00		16	699.				699.	699.		٥.	699.
54	TWO REFRIGERATORS	11/16/06	SL	7.00		16	643.				643.	643.		٥.	643.
55	TWO COMPUTERS DELL	06/28/07	SL	5.00		16	1,500.				1,500.	1,500.		٥.	1,500.
56	PRINTER HP	06/28/07	SL	5.00		16	525.				525.	525.		0.	525.
64	QUICK BOOKS NONPROFIT 2007	06/28/07	SL	3.00		16	1,510.				1,510.	1,510.		٥.	1,510.
65	CARPETING - OHS	06/15/07	SL	7.00		16	1,927.				1,927.	1,927.		0.	1,927.
68	COMPUTER HARDWARE	06/29/09	SL	3.00		16	1,200.				1,200.	1,200.		٥.	1,200.
72	DISHWASHER (PART OF ASSET #75)	06/29/09	SL	5.00		16	319.				319.	319.		٥.	319.

928111 04-01-19

(D) - Asset disposed

FORM 990 PAGE 10

9	9	0

	90 PAGE 10							990						-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MT TL WASHER MVVC5QQVW/WITH STAND	01/14/09	SL	5.00		16	627.				627.	627.		٥.	627.
	MT TL WASHER MVVC5QQVW/WITH STAND	01/14/09	SL	5.00		16	627.				627.	627.		0.	627.
76	SOFA AND LOVESEAT	04/27/10	SL	5.00		16	739.				739.	739.		0.	739.
77	AIR PURIFIERS	06/15/10	SL	7.00		16	800.				800.	800.		٥.	800.
78	FURNITURE	08/07/09	SL	5.00		16	2,813.				2,813.	2,813.		0.	2,813.
79	WEBSITE DESIGN	12/07/09	SL	3.00		16	2,495.				2,495.	2,495.		0.	2,495.
80	3 DELL OPTIPLEX COMPUTERS & LASER PRINTERS	03/09/10	SL	5.00		16	2,340.				2,340.	2,340.		0.	2,340.
84	PLAYGROUND EQUIPMENT	07/31/13	SL	7.00		16	42,675.				42,675.	36,069.		6,096.	42,165.
85	SECURITY UPGRADE	09/04/13	SL	7.00		16	3,585.				3,585.	2,987.		512.	3,499.
86	SECURITY CAMERA	03/14/14	SL	7.00		16	595.				595.	453.		85.	538.
87	FITNESS EQUIPMENT	02/14/14	SL	7.00		16	9,141.				9,141.	7,074.		1,306.	8,380.
95	FURNITURE	05/16/17	SL	5.00		16	2,319.				2,319.	967.		464.	1,431.
	* 990 PAGE 10 TOTAL OTHER						193,972.				193,972.	183,207.		8,463.	191,670.
	* 990 PAGE 10 TOTAL - GROUP 1840 - FURNITURE & EQUIPMENT GROUP 1830 FURNITURE & EQUIPMENT						193,972.				193,972.	183,207.		8,463.	191,670.
	OTHER														
	FURNITURE, FIXTURES, & EQUIPMENT	VARIOUS	200DB	7.00	нү	17	27,061.				27,061.	27,061.		٥.	27,061.
9	FURNITURE AND EQUIPMENT	VARIOUS	200DB	7.00	нү	17	400.				400.	400.		٥.	400.

928111 04-01-19

(D) - Asset disposed

FORM 990 PAGE 10

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	90 PAGE IU	_						990							
Asset No.	Description	Date Acquired	Method	Life	Conv	_{.ine} Unadju ^{No.} Cost Or	Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
46	DELL SERVER (B)	05/24/06	SL	5.00	1	.6 2,	620.				2,620.	2,620.		0.	2,620.
47	CONSULTING FEE FOR DELL SERVER	05/24/06		60M	нү4	.3	825.				825.	825.		0.	825.
49	5 DELL COMPUTERS (B)	06/23/06	SL	5.00	1	.6	378.				378.	379.		0.	379.
50	CONSULTING FEE FOR 5 DELL COMPUTERS	06/23/06		60M	HY4	3	200.				200.	200.		٥.	200.
57	DISHWASHER FOR SHELTER	11/16/06	SL	7.00	1	.6	378.				378.	378.		0.	378.
58	THREE COMPUTERS DELL	06/28/07	SL	5.00	1	.63,	800.				3,800.	3,800.		0.	3,800.
61	LAPTOP DELL	03/01/07	SL	5.00	1	.6 1,	107.				1,107.	1,107.		0.	1,107.
62	SOFTWARE PUBLISHER	06/20/07	SL	3.00	1	.6	170.				170.	170.		0.	170.
63	LAPTOP LENOVO C200	03/01/07	SL	5.00	1	.6	560.				560.	560.		0.	560.
66	CARPETING - DVSC	06/15/07	SL	7.00	1	.6 1,	200.				1,200.	1,200.		0.	1,200.
67	4 DELL OPTIPLEX MINITOWERS CP	05/21/08	SL	5.00	1	.62,	800.				2,800.	2,800.		٥.	2,800.
69	CARPETING	06/01/09	SL	7.00	1	.6 1,	073.				1,073.	1,073.		0.	1,073.
70	FELLOW STREDDER	06/29/09	SL	5.00	1	.6	700.				700.	700.		0.	700.
71	SHOWER SEAT	06/29/09	SL	5.00	1	.6	593.				593.	593.		0.	593.
75	DISHWASHER (PART OF ASSET #72)	06/29/09	SL	5.00	1	.6	110.				110.	110.		0.	110.
93	COMPUTER UPGRADES	07/05/16	SL	5.00	1	.6 10,	527.				10,527.	6,316.		2,105.	8,421.
94	DELL COMPUTERS	06/29/17	SL	5.00	1	.62,	754.				2,754.	1,102.		551.	1,653.
	* 990 PAGE 10 TOTAL OTHER					57,	256.				57,256.	51,394.		2,656.	54,050.

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(D) - Asset disposed

FORM 990 PAGE 10

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0101 93	JU PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - GROUP 1830 FURNITURE & EQUIPMENT OFFICE FURNITURE AND FIXTURES						57,256.				57,256.	51,394.		2,656.	54,050.
	OTHER														
3	FURNITURE & FIXTURES	05/30/83	SL	5.00		16	1,305.				1,305.	1,305.		0.	1,305.
	* 990 PAGE 10 TOTAL OTHER						1,305.				1,305.	1,305.		0.	1,305.
	* 990 PAGE 10 TOTAL - OFFICE FURNITURE AND FIXTURES						1,305.				1,305.	1,305.		0.	1,305.
	LEASEHOLD IMPROVEMENTS														
	BUILDINGS														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	39.00	ММ	17	69,497.				69,497.	61,024.		1,782.	62,806.
10	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	39.00	ММ	17	42,325.				42,325.	21,702.		1,085.	22,787.
81	2 HEAT EXCHANGERS	10/26/09	SL	7.00		16	3,178.				3,178.	3,178.		٥.	3,178.
82	HOT WATER HEATER	04/08/11	SL	7.00		16	7,935.				7,935.	7,935.		0.	7,935.
83	DRYER VENTS	05/12/11	SL	5.00		16	3,604.				3,604.	3,604.		0.	3,604.
	* 990 PAGE 10 TOTAL BUILDINGS						126,539.				126,539.	97,443.		2,867.	100,310.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						126,539.				126,539.	97,443.		2,867.	100,310.
	EAST SOUTH STREET IMPROVEMENTS														
	BUILDINGS														
7	ADDITIONS TO SOUTH STREET	08/01/97	SL	39.00	ММ	17	12,276.				12,276.	6,299.		315.	6,614.

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(D) - Asset disposed

FORM 990 PAGE 10

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OKM 9.	90 PAGE IU	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	EAST SOUTH STREET IMPROVEMENTS	VARIOUS	SL	39.00	MM	17	820,316.				820,316.	420,679.		21,036.	441,715.
17	LEASEHOLD IMPROVEMENTS	06/01/00	SL	15.00	-	16	645.				645.	645.		0.	645.
18	LEASEHOLD IMPROVEMENTS	06/01/00	SL	15.00	-	16	4,853.				4,853.	4,853.		٥.	4,853.
26	LEASEHOLD IMPROVEMENT	09/01/99	SL	15.00	-	16	109,144.				109,144.	109,144.		0.	109,144.
88	PLAYGROUND	09/30/13	SL	39.00	MM	16	60,391.				60,391.	8,901.		1,548.	10,449.
89	PLAYGROUND RUBBER SURFACE	05/04/14	SL	39.00	MM	16	2,211.				2,211.	294.		57.	351.
90	SMOKE AREA	01/07/14	SL	39.00	MM.	16	1,258.				1,258.	176.		32.	208.
91	KITCHEN REMODELING	07/29/15	SL	15.00	-	16	17,270.				17,270.	4,508.		1,151.	5,659.
92	KITCHEN REMODELING	07/23/15	SL	15.00	÷	16	29,148.				29,148.	7,610.		1,943.	9,553.
96	IMPROVEMENTS - DOOR REPLACEMENT	03/27/17	SL	15.00	-	16	3,897.				3,897.	585.		260.	845.
	* 990 PAGE 10 TOTAL BUILDINGS						1,061,409.				1,061,409.	563,694.		26,342.	590,036.
	* 990 PAGE 10 TOTAL - EAST SOUTH STREET IMPROVEMENTS						1,061,409.				1,061,409.	563,694.		26,342.	590,036.
	OTHER														
59	SECURITY CAMERAS 3	06/28/07	SL	7.00	-	16	4,300.				4,300.	4,300.		0.	4,300.
60	SECURITY CAMERAS 2	07/11/06	SL	7.00	-	16	4,400.				4,400.	4,400.		0.	4,400.
	* 990 PAGE 10 TOTAL OTHER						8,700.				8,700.	8,700.		0.	8,700.
	* 990 PAGE 10 TOTAL - EAST SOUTH STREET IMPROVEMENTS						8,700.				8,700.	8,700.		٥.	8,700.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						1,449,181.				1,449,181.	905,743.		40,328.	946,071.

928111 04-01-19

(D) - Asset disposed

Form 4562	
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

Attachment Sequence No. 179 Identifying number

OMB No. 1545-0172

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	MESTIC VIOLENCE SER							**-***0668
	art I Election To Expense Certain Prope	erty Under Section 17	9 Note: If yo	ou have any lis	sted property,	complete Part		
								1,020,000.
	Total cost of section 179 property place							
	Threshold cost of section 179 property							2,550,000.
	Reduction in limitation. Subtract line 3							
5	Dollar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter	-0 If married fil	ing separately, see	instructions			
6	(a) Description of pr	roperty		(b) Cost (busin	ess use only)	(c) Elected	cost	
7	Listed property. Enter the amount from	n line 29			7			
8	Total elected cost of section 179 prope	erty. Add amounts	in column (c), lines 6 and	7		8	
9	Tentative deduction. Enter the smaller	r of line 5 or line 8					9	
10	Carryover of disallowed deduction from	m line 13 of your 20	018 Form 45	62			10	
11	Business income limitation. Enter the s	smaller of business	income (no	t less than zei	o) or line 5		11	
12	Section 179 expense deduction. Add I	lines 9 and 10, but	don't enter	more than line	e 11 <u></u>		12	
13	Carryover of disallowed deduction to 2	2020. Add lines 9 a	nd 10, less	line 12	🕨 13			
Not	e: Don't use Part II or Part III below for	listed property. In:	stead, use F	Part V.				
Pa	art II Special Depreciation Allowa	ance and Other De	epreciation	(Don't includ	e listed proper	ty.)		
14	Special depreciation allowance for qua	alified property (oth	er than liste	d property) pl	aced in servic	e during		
	the tax year						14	
15	Property subject to section 168(f)(1) ele	ection					15	
	Other depreciation (including ACRS)						16	16,110.
Pa	art III MACRS Depreciation (Don't	t include listed proj	perty. See ir	nstructions.)				
			6					
-			36	ection A				
17	MACRS deductions for assets placed	in service in tax ye			9		17	24,218.
	MACRS deductions for assets placed If you are electing to group any assets placed in ser		ars beginnir	ng before 201			17	24,218.
		rvice during the tax year i	ars beginnir nto one or more	ng before 2019 general asset acc	ounts, check here	>		
	If you are electing to group any assets placed in ser	rvice during the tax year i	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc	ounts, check here	>	ation Syste	
	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	em
18	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	em
<u>18</u> <u>19a</u>	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	em
18 19a b	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	em
18 19a b c	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	em
18 19a b c d	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	
18 19a b c d e	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	Jsing the Ger (d) Recovery	neral Deprecia	ation Syste	em
18 19a b c d e f g	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	ounts, check here Jsing the Ger (d) Recovery period	neral Deprecia	ation Syste	em
18 19a b c d e f	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	25 yrs.	eral Deprecia	ation Syste (f) Method	em
18 19a b c d e f g h	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	25 yrs. 27.5 yrs.	(e) Convention	tion Syste (f) Method	em
18 19a b c d e f g	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property	b) Month and year placed	ars beginnir nto one or more e During 20 (c) Basis fo (business/i	ng before 2019 general asset acc 19 Tax Year r depreciation nyestment use	25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention (e) Convention (b) Convention (c) Co	ation Syste (f) Method	em
18 19a b c d e f g h	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property	vice during the tax year is 5 Placed in Servic (b) Month and year placed in service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 39 yrs.	Ineral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (f)	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 19a b c d e f g h	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property 25-year property 25-year property 25-year property Nonresidential rental property Nonresidential real property Section C - Assets F	vice during the tax year is 5 Placed in Servic (b) Month and year placed in service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 39 yrs.	Ineral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (f)	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 19a b c d e f g h i	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life	vice during the tax year is 5 Placed in Servic (b) Month and year placed in service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 39 yrs.	Ineral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (f)	ation Syste (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 19a b c d e f g h i 20a	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 25-year property 25-year property Nonresidential rental property Section C - Assets F Class life 12-year	vice during the tax year is 5 Placed in Servic (b) Month and year placed in service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	Ineral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (f)	s/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 19a b c d e f g h i 20a b	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	vice during the tax year i s Placed in Service (b) Month and year placed in service / / / / / Placed in Service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs.	Ineral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Conventio	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	em (g) Depreciation deduction
18 19a b c d e f g h i 20a b c d	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 25-year property 20-year property 25-year property 25-year property Nonresidential rental property Nonresidential real property Class life 12-year 30-year 30-year 30-year	vice during the tax year is 5 Placed in Servic (b) Month and year placed in service / / / Placed in Service / Placed in Service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	Ineral Deprecia (e) Convention (e) Convention MM MM MM MM MM MM native Deprecia	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 19a b c d e f g h i 20a b c d Pa	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property 20-year property 25-year property 26-year property 27-year property 28-year property 29-year 20-year 20-year 20-year 20-year 30-year 40-year 30-year 40-year Summary (See instructions.)	vice during the tax year i 5 Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see During 201	general asset acc 19 Tax Year I r depreciation rvestment use instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	Ineral Deprecia (e) Convention (e) Convention MM MM MM MM MM MM native Deprecia	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 19a b c d e f g h i 20a b c d Pa 21	If you are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property 26-year property 27-year property 28-year property 29-year property 29-year 20-year Section C - Assets I 12-year 30-year 40-year art IV Summary (See instructions.) Listed property. Enter amount from line	vice during the tax year i 5 Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	ars beginnir nto one or more e During 20 (c) Basis fc (business/i only - see During 201	general asset acc general asset acc 19 Tax Year I r depreciation vestment use instructions) 9 Tax Year Use 9 Tax Year Use	unts, check here Jsing the Ger (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 30 yrs. 40 yrs.	Ineral Deprecia (e) Convention (e) Convention MM MM MM MM MM MM native Deprecia	ation Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
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916251 12-12-19 LHA For Paperwork Reduction Act Notice, see separate instalitions. 10471209 759340 1615A 2019.05010 DOMEST 2019.05010 DOMESTIC VIOLENCE SERVICE C 1615A_1

Form 4	562 (2019)	DOM	ESTIC V	IOLENC	E SE	RVICE	CEN	TER,	INC.		**_	***0	668	Page 2
Part	V Listed Proper		utomobiles, ce		vehicles,	certain aire	craft, ar	nd propert	y used for	or				
			or amusement. /hich you are us		ndard m	viloago rato	or dod	ucting loop		50 COM	nloto on	w 24a		
	24b, columns	(a) through (c) of Section A,	all of Secti	on B, an	d Section (C if app	licable.	se expen	se, con	ipiete o n	l iy ∠4a,		
			on and Other I						mits for	passeng	ger autor	nobiles.)	
24a Do	you have evidence to	support the bu	ısiness/investmei	nt use claime	d?	Yes	No	24b If "Y	'es," is th	ne evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)	6	d)	(e)		(f)	1	g)		(h)		(i)
	Type of property	Date placed in	Business/ investment	Cos		Basis for dep (business/inv		Recovery	Me	thod/	Depre	eciation		ected
(list vehicles first)	service	use percentag	e other I	basis	use or		period	Conv	ention	ded	uction		on 179 :ost
25 Sn	ecial depreciation all	owance for c	ualified listed r	 property pla	iced in s	ervice durir	na the t	ı ax vear ar	u nd					
	ed more than 50% in		•				•	-		25				
	operty used more that													
20 110		1	%	-					1		1		1	
			%	-										
			%											
07 Dr	operty used 50% or I													
21 FIC	operty used 50% of 1	· ·	1						S/L -					
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		(1-) 11 05	,	-	al and Pro-				S/L -	00			-	
	d amounts in columr													
29 Ad	d amounts in columr	n (i), line 26. E									<u></u>	. 29		
				ection B - I		-								
•	ete this section for ve		, , ,	<i>,</i> ,	,			l i i		•	,	•		es
to your	employees, first ans	swer the que	stions in Sectio	on C to see	if you me	eet an exce	eption to	o complet	ing this s	ection f	or those	vehicles	s.	
									1 .				1	
- -				(a)		(b)		(c)		d)		e)		(f)
	al business/investment		· ·	Vehicle		Vehicle		/ehicle	Ver	nicle	Ver	nicle	Ve	hicle
	r (don't include commu													
	tal commuting miles		· · ·				-							
	tal other personal (no													
	ven						_							
	tal miles driven durin													
	d lines 30 through 32		r				_			i				
	as the vehicle availab			Yes I	No Y	es No	Yes	s No	Yes	No	Yes	No	Yes	No
	ring off-duty hours?						_							
	as the vehicle used p													
tha	an 5% owner or relat	ed person?												
36 Is a	another vehicle availa	able for perso	onal											
USE	ə?													
			- Questions fo											
Answe	r these questions to	determine if	you meet an e>	ception to	complet	ing Section	B for v	ehicles us	sed by er	nployee	es who a	ren't		
	nan 5% owners or re	•												_
37 Do	you maintain a writte	en policy sta	tement that pro	phibits all pe	ersonal u	use of vehic	cles, inc	luding co	mmuting	, by you	r		Yes	No
em	ployees?													
38 Do	you maintain a writte	en policy sta	tement that pro	phibits pers	onal use	of vehicles	s, excep	ot commu	ting, by y	our				
em	ployees? See the ins	structions for	r vehicles used	by corpora	te office	rs, director	s, or 1%	6 or more	owners					
39 Do	you treat all use of v	vehicles by e	mployees as pe	ersonal use	?									
40 Do	you provide more th	an five vehic	les to your emp	oloyees, ob	tain info	rmation fro	m your	employee	s about					
the	e use of the vehicles,	and retain th	ne information r	received?										
	you meet the require													
No	te: If your answer to	37, 38, 39, 4	10, or 41 is "Yes	s," don't co	mplete S	Section B fo	or the c	overed ve	hicles.					
_	VI Amortization													
	(a)			(b)		(c)		(d) Code		(e)			(f)	
	Description of	of costs		mortization begins	Amo ar	nount		Code section		Amortiza period or per		Ai fo	mortization or this year	1
42 Am	nortization of costs th	nat begins du							I		. I			
		-												
				: :										
43 Am	nortization of costs th	nat began he							I		43			
	tal. Add amounts in										44			
916252						· •						F	orm 45 6	52 (2019)
3,5252						42						'		(_010)
4712	09 759340	1615A		2019.	0501	0 DOME	STI	c vio	LENCI	E SEI	RVIC	ЕС	1615	A 1
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(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-0047

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	se Form 7004 to request an extension of time to hie income					
Туре о	r Name of exempt organization or other filer, see instruct	tions.		Taxpaye	ridentificatio	on number (TIN)
print	DOMESTIC VIOLENCE SERVICE C	ENTE	R TNC.		**_**	*0668
File by th due date	e la					
filing you return. Se	P.O. BOX 2177					
instructio		eign adc	Iress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	a separa	ate application for each return)			
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) PAULA TRIANO	06	Form 8870			12
● If th box ▶ 1 I	e organization does not have an office or place of business i is is for a Group Return, enter the organization's four digit G If it is for part of the group, check this box request an automatic 6-month extension of time until he organization named above. The extension is for the organ	roup Exe and atta MA	emption Number (GEN) I uch a list with the names and TINs of Y 17, 2021, to file	f this is fo all memb	r the whole ers the exte	group, check this
	 calendar year or X tax year beginning JUL 1, 2019 f the tax year entered in line 1 is for less than 12 months, che Change in accounting period 			Final retur	 n	
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720, c	or 6069,	enter the tentative tax, less	3a	\$	0.
-	any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069, (enter an	v refundable credits and	3a	Ψ	0.
	estimated tax payments made. Include any prior year overpa			3b	\$	0.
-	Balance due. Subtract line 3b from line 3a. Include your pay					
	ising EFTPS (Electronic Federal Tax Payment System). See i		· · · ·	Зc	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal (ottoms.	direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 88	79-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice, s	ee instr	uctions.		Form	8868 (Rev. 1-2020)

923841 12-30-19