			EXTENDED TO MAY 15, 201			OMD No. 1545 0047
	. 9	n	Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo	-		¹⁵⁾ 2016
		f the Treasury nue Service	Do not enter social security numbers on this form as it	-	-	Open to Public
			▶ Information about Form 990 and its instructions is at war year, or tax year beginning JUL 1, 2016 and ending		<u>gov/form990.</u> JN 30, 2017	Inspection
		-		<u> </u>	•	ation number
BCa	heck if pplicable	e: C Name o	forganization		D Employer identific	ation number
	Addres		STIC VIOLENCE SERVICE CENTER, INC.			
	Name Change		usiness as		23-20	070668
	Initial return	J		m/suite	E Telephone number	
	Final return/		BOX 2177			823-6799
	termin- ated	_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,840,508.
	Amend	WILK	ES BARRE, PA 18703		H(a) Is this a group ret	turn
	Applica	^{a-} F Name a	nd address of principal officer: PAULA TRIANO		for subordinates?	? Yes X No
	pendin	SAME	AS C ABOVE		H(b) Are all subordinates ind	No Yes
<u> </u>	ax-exe	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a l	ist. (see instructions)
			DOMESTICVIOLENCESERVICE.ORG		H(c) Group exemption	
				L Year o	f formation: 1978 M	State of legal domicile: PA
Pa		Summary				
e	1	Briefly describ	e the organization's mission or most significant activities: THE MIS THE ELIMINATION OF DOMESTIC VIOLENCE	A B A	STRIVING TO	D PROVIDE
Governance	- 1		$x \models \square$ if the organization discontinued its operations or disposed of			
ver			ting members of the governing body (Part VI, line 1a)		1 1	14
			lependent voting members of the governing body (Part VI, line 12)			14
ŝ			of individuals employed in calendar year 2016 (Part V, line 2a)			40
vitie			of volunteers (estimate if necessary)			23
Activities &			d business revenue from Part VIII, column (C), line 12			0.
4			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
e	8 (Contributions	and grants (Part VIII, line 1h)		1,630,048.	1,808,442.
Revenue		•	ce revenue (Part VIII, line 2g)		3,491.	6,355.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		177.	206.
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,782.	15,036.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,646,498.	1,830,039.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,054,031.	1,249,078.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
ben			ing expenses (Part IX, column (D), line 25) \blacktriangleright 19,580.	. –		
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)		566,201.	542,204.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,620,232.	1,791,282.
			expenses. Subtract line 18 from line 12		26,266.	38,757.
or ces				Beg	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		1,379,867.	1,400,908.
at As			(Part X, line 26)		328,131.	310,415.
			fund balances. Subtract line 21 from line 20		1,051,736.	1,090,493.
	art II	Signatur		1 - 4 - 4	and a share to the terms of the	Increase and the first state
			I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
ırue,	correct	i, anu complete	. Declaration of preparer (other than officer) is based on all information of which p	neparer f	ias any knowledge.	
e:		Signatur	e of officer		Date	
Sig		•	A TRIANO EXECUTIVE DIRECTOR			

Here		E DIRECTOR		
	Type or print name and title	_		
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	WILLIAM FROMEL CPA	WILLIAM FROMEL CPA		00132615
Preparer	Firm's name 🕨 KRONICK KALADA E	ERDY & CO., P.C.	Firm's EIN 2 3	-2667890
Use Only	Firm's address 190 LATHROP ST.			
	KINGSTON, PA 187	04	Phone no. 570 – 2	83-2727
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	[X Yes No
632001 11-1	11-16 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2016)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	MENT CONTINUATIO	N

SEE SCHEDULE O	FOR ORGANIZATION N	MISSION STATEMENT	CONTINUATIO

	990 (2016) DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 2 t III Statement of Program Service Accomplishments
Fai	
1	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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,567,390. including grants of \$) (Revenue \$ 6,355.)
чa	TO PROVIDE PROTECTIVE SERVICES SUCH AS CRISIS INTERVENTION, EMERGENCY
	SHELTER, SUPPORTIVE COUNSELING, COURT ADVOCACY, CIVIL LEGAL
	REPRESENTATION, COMMUNITY OUTREACH & EDUCATION, LIFE SKILLS & PARENTING
	TRAINING, AND TRANSITIONAL HOUSING TO DOMESTIC VIOLENCE VICTIMS.
	· · · ·
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.4	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,567,390.
<u>4e</u>	Total program service expenses ► 1, 567, 390. Form 990 (2016)
632004	2 11-11-16
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Form	990	(2016))

Pa	rt 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		X
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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 temporarily restricted endowments, permanent			
	endowments, or 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<u> </u>
D D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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	1-10		<u> </u>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		L	<u> </u>
	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		L	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
'	complete Schedule G. Part III	19		x

Form **990** (2016)

632003 11-11-16

Form 990 (2016)		VIOLENCE	CENTER,	INC.
Part IV Checklist o	f Required Scheo	dules (continued)		

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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		x
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		Х
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		x
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
01	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	

Form **990** (2016)

632004 11-11-16

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1a Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable 1a 15 15 0 Define arguinzation comply with backup withinking rules for reportable payments to vendors and reportable gaming gambling) withings to præving withinking values for reportable payments to vendors and reportable gaming 1c 1c 2a Enter the number of forms W-2G included in line 1a. Enter 0. If not applicable 2a 4d0 2a Enter the number of entry were overed by the return. 2a 4d0 2b It as a to as in exported on line 2a, dd the organization file al required to 6-file (see instructions) 3a X 3b Diff at least one is exported on line 2a, dd the organization file al required to 6-file (see instructions) 3a X 3c Diff at least one is reported on line 2a, dd the organization file al required to 6-file (see instructions) 3a X 3c Diff at explaintation to a party to a prohibited tax sheler transaction on schedule 0 3b X 3c Was the organization in a party to a prohibited tax sheler transaction maxes. 5c X 3c Was the organization in the organization from 888-17 5c 5c 3c Was the organization in clude with entersaction 170(c). 3a X 3b 7c <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number regord in 0xx 3 of Form 1066. Enter-0 ⁴ not applicable 1		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u></u>	Yes	
b Enter the number of forms W20 included in line 1a. Enter 0. If not applicable payments to vendors and reportable gaming (gambling) winnings to price winners? 1c 1c 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] 40 2b 3a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] 40 2b X b If at least one is reported on line 2a, dot the organization fiel all required federal employment tax returns? 2b X Note, if the sum of lines 1a and 2a is gratet than 250, you may be required to effedral employment tax returns? 2b X b If "Yes," heat field a Form 300-17 furb, is ger? 3a X d If "Yes," heat the name of the foreign country: IP 5a X See instructions for filing requirements for FinCP Form 14. Report of Foreign Bank and Financial accounts (FBAR). 5a X See bis organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitil ary contributions that ween or tax deductible form 880-87. 5a X b If "Yes," in the organization include with every solitition an express statement that such contributions of gins ween of tax deductible form 880-87. 5a X b If Yes," id the organization include with every s	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
c Did the organization comply with backup withholding rules for reportable payments to vendos and reportable gaming (gambling) withon gets provided on Form W3, Transmittal of Wage and Tax Statements, take the intermediate of the calendar year ending withon within the year oversed by this return. 2a 40 2a Exter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, take the intervent on a statement of the state one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b If the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3a X ab Did the organization have underset on underset on cale signature or other authority over, a financial account in a foreign country (such as a bank account, sorther financial account)? 3a X b If 'Yes,' test filed a form 990-Tiro this year? If 'No, 'to line 2b, provide an any timo during the tax year? 5a X So instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b If 'Yes,' to line 6a or 5b, did the organization have and bank and cimancial Accounts (FBAR). 5a X c If 'Yes,' to line 6a or 5b, did the organization file form 8880-Ti'. 5a X b If 'Yes,' to line 6a or 5b, did the organization file form 8880-Ti'. 5a X							
gambing winnings to prize winners? 10 28 Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements. 2a 40 14 40 b If at least one is reported on line 2a, did the organization file all required feedral employment tax returns? 2b X 30 Did the organization have unrelated business gross income of \$1,000 errore during the year? 3a X 31 Did the organization have unrelated business gross income of \$1,000 errore during the year? 3a X 34 Did the organization country (such as a bank account, securities account, or other functial accounts (FBAP). 5a X 35 Binitary target targe			eporta	ble gaming			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 40 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Date the organization have unrelated business gross income of 51,000 or more during the year? 3b 3b 4a 3b If Yes; 'has it filed a form 900 Tfor this year? <i>If No</i> , 'to line 3b, provide an explanation in Schedule O 3b 4a 3b If Yes; 'has it filed a form 900 Tfor this year? <i>If No</i> , 'to line 3b, provide an explanation in Schedule O 3b 4a 3b If Yes; 'has it filed a form 900 Tfor this year? <i>If No</i> , 'to line 3b, provide an explanation in Schedule O 3b 4a 3c X Sen instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 3c If Yes; 'has a bank aron intex of no at so inter of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soluti any contributions that were not tax deductible as charitable contributions? 5a X 4d If Yes; 'hold the organization notex or the value of the prodos or services provided to the payr? 7a X 4d If Yes; 'hold the organization notex orithy weindonos or the prodos or services provided to th	-				1c		
tied for the calendar year ending with or within the year covered by this return 12 40 b If at least one is reported on line 2a, did the organization file all required to effect enstructions 2a 2b X 3a Dot the organization have unrelated biaines gross income of \$1,000 or more during the year? 3a X 3b Diff the sum of lines 1a and 2a is greater than 250, you may be required to effect enstructions 3a X 3b Diff the sum of lines 1a and 2a is greater than 250, you may be required to effect enstructions 3a X 3c Diff the sum of lines 1a and 2a is greater than 250, you may be required to effect on the relation or schedule O 4a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a X 5e Mass the organization aptry to a prohibited tax shelter transaction? 5a X 5a Did any taxable party notify the organization the transaction an express statement that such contributions or gifts were not tax deductible? 5a X 6b Verse, 'to line 3a or 5b, did the organization an express statement that such contributions or gifts were not tax deductible? 5a X 7 7 Ta X 5b Sa X 7 7 Ta X 5a X <th>2a</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	2a						
b If at least one is reported on line 2a, did the organization file all required federal employment tax netures? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b TYes, 'has it filed a Form 390-T for this year? If 'No,' to line 3b, provide an explanation in Schedule 0 3b X 4 At any time the name of the foreign country (such as a bark account, securities account, or other financial accounts (FBAR), 4a X 5 Was the organization have numbers for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 5 Was the organization ap party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 Did any taxable party notify the organization that twas or is a party o a prohibited tax shelter transaction? 5a X 6 Does the organization shell may receive deductible as charitable contributions? 5b X 7 Organization shell, exchange, or otherwise liquice of the goods or services provided? 6a X 7 Organization shell, exchange, or otherwise dispose of the organization and express transaction and express transaction? 7a X 7 Organization shell, exchange, directly or indirecity, on a personal property for which it wa		filed for the calendar year ending with or within the year covered by this return	2a	40			
3a Did the organization have unrelated business gross income of \$1,000 m more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If 'No, 'to line 3b, provide an explanation in Schedule 0 3b X b If "Yes," has it filed a Form 990-T for this year? If 'No, 'to line 3b, provide an explanation or other authority over, a financial account in a forsign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," retret the name of the foreign country (buch as a bank account, securities account, or other authority over, a financial account)? 5a X X 5a X X 5a X 5a X 5a X 5b 5a X 5b 5a X 5b 5a X 5a X 5b 5a X 5a X 5a X 5a X 5a X 5a X </th <th>b</th> <td></td> <td>rns?</td> <td></td> <td>2b</td> <td>Х</td> <td></td>	b		rns?		2b	Х	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule 0 3b 4a At any time dung the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account of the financial account, of the financial account, of the financial account, of the financial account, of the financial account of the financial account of the financial account of the financial account of the financial account, of the financial account of the suber of the goods or services provided the page of the organization network apametin in excess of \$75 made parths as a torthibution and parth for goods and services provided the page of the financial account of the suber of the goods or services provided for the page of the goods or services provided for the page of the goods or services provide account of the financial account of the suber of netwices dispose of tangible personal property for which it was required for the service activity or indirectly, on apersonal benefit contract? 7a X f) If 'Yes, 'iddite organization netwice account during the year 7d 7d 7d 7d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
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a 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: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b a 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.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 13c t H 'Yes," has it filed a Form 720 to report these payments? <i>If 'No," provide an explanation in Schedule O</i> 14a X	a				0		
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amounts due or received from them.) 11b 12b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b							
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b X			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				
						 	
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O				(0010

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632005 11-11-16

Form 990 (2016)

Form 990	(2016))
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Check if Schedule O contains a response or note to any line in this Part VI

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X

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 in Schedule O. See instructions.

				Ye	s N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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 in Schedule O.				
	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		
	Did the organization make any significant changes to its governing documents since the prior Form S				X
	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			X
	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a		
	Each committee with authority to act on behalf of the governing body?			X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Ye	
0a	Did the organization have local chapters, branches, or affiliates?		10	3	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	1? 11	a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	_b X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done		12	X	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?			X	
	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15	a X	5
	Other officers or key employees of the organization		15	ь X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment with a			
	taxable entity during the year?		16	a 📃	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16	b	
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $igstar{ extsf{PA}}$				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s o	nly) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.	in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and fina	incial	
	statements available to the public during the tax year.	. ,			
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records: 🕨			
•	PAULA TRIANO - 570-823-6799	· _			
•					
	P.O. BOX 2177, WILKES BARRE, PA 18703				

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-271033-10100)	organization
	organizations	truste	al tru:		yee	npe		(and related
	below	/id ual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Forn			
(1) MICHAEL LAST	1.50								_	_
PRESIDENT		X		х				0.	0.	0.
(2) PEGGY ENGLE, ESQ.	0.80								_	_
SECRETARY		Х		Х				0.	0.	0.
(3) PAUL LANTZ	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(4) PAULA TRIANO	45.00								_	
EXECUTIVE DIRECTOR		X						119,529.	0.	20,606.
(5) MARIAN W BOSCIA PH.D.	0.50								_	_
MEMBER		X						0.	0.	0.
(6) PAUL ANTONY	0.80								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) SANDY RIFKIN	0.50								_	_
LIFE MEMBER		Х						0.	0.	0.
(8) TINA DOWD	0.50								_	_
MEMBER		X						0.	0.	0.
(9) KAREN LYNN STAVISH, MS	0.50									_
MEMBER		X						0.	0.	0.
(10) CINDY M. MILAN-ORTIZ	0.50									_
MEMBER		X						0.	0.	0.
(11) PATRICIA WRIGHT	0.50									_
MEMBER		X						0.	0.	0.
(12) DIANE KANE	0.50									-
MEMBER		X						0.	0.	0.
(13) EDMUND J ABDO JR	0.50									-
MEMBER		X						0.	0.	0.
(14) LORRI ANN VANDERMARK	0.50									-
MEMBER		X						0.	0.	0.
(15) SHIRLEY FORTINSKY	0.10									
LIFE MEMBER		X						0.	0.	0.
(16) KATHERINE POHLIDAL	0.50								•	^
MEMBER		X						0.	0.	0.
										F 000 (2010)

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632007 11-11-16

Form 990 (2016)

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	990 (2016) DOMESTIC	VIOLEN	CE	SI	ER۱	VI	CE	C	ENTER,	INC.	23-2	070	668	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C			es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck	more erson	than is bot	h an	(D Report compen fror	table sation	(E) Reportable compensatio from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	lated billing			Key employee	Highest compensated employee	Former	the organiz (W-2/1099	e ation	organization (W-2/1099-MI		com fr orga and	pensa om the anizati d relate nizatio	e ion ed
			-												
1b	Sub-total								119	,529.		0.	2	0,6	06.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A								0. ,529.		0.		0,6	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bov	e) wł	סר o r	eceived more	e than \$100),000 of reportab	le			1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s												0	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otl	her compens	ation from			3		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	from	any	/ unr	elat	ed organizati	on or indiv	idual for services	;	5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ont	racto	ors t	hat received	more than	\$100.000 of con	npens	ation f	rom	
	the organization. Report compensation for									ation's tax		•			
	(A) Name and business	address	N	ONI	Ξ				Desc	(B) pription of s	services	С	(C omper		<u>ו</u>
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot li	mite	d to		se lis)	stec	above) who	received n	nore than		Far	000 /*	
													Form	330 (2	2016)

632008 11-11-16

		· · · · · ·		LENCE SER	VICE CENTE	R, INC.	23-2070	668 Page 9
Par	rt VII							
		Check if Schedule O cont	tains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	76,530.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
fts,		Fundraising events						
Gif		Related organizations		<u> </u>				
Sin',		Government grants (contribut	· ·	,693,483.				
ler utic	t	All other contributions, gifts, gran		38,429.				
ē₽	~	similar amounts not included abo Noncash contributions included in lines		50,429.				
Con	g h	Total. Add lines 1a-1f			1,808,442.			
				Business Code				
e	2 a	RENT		900099	6,355.	6,355.		
e vic	b							
enu B	с							
ran Sev	d							
Program Service Revenue	е							-
₽	f	1 5			C 255			
	g				6,355.			
	3	Investment income (including other similar amounts)			206.			206.
	4	Income from investment of ta			2000			
	5	Royalties	•	· · · ·				1
	-		(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	(/						
		Net rental income or (loss) .		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	~	and sales expenses Gain or (loss)						
		Net gain or (loss)		L				
ð		Gross income from fundraisin						
nue		including \$						
Seve		contributions reported on line	e 1c). See					
Other Revenue		Part IV, line 18	a	25,505.				
Oth		Less: direct expenses		10,469.	15 020			15 026
-		Net income or (loss) from fund	-	····· •	15,036.			15,036.
	9 a	Gross income from gaming ad						
	h	Part IV, line 19 Less: direct expenses		a				
		Net income or (loss) from gan						
		Gross sales of inventory, less						
	-	and allowances		a				
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	es of inventory .					
		Miscellaneous Revenu	le	Business Code				
	11 a							
	b							
	C A	All other revenue						
	d	All other revenue Total. Add lines 11a-11d						
	е 12	Total revenue. See instructions.			1,830,039.	6,355.	0.	15,242.
632009	9 11-1				,,	-,		Form 990 (2016

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Form	990	(2016)
	330	120101

	501(c)(3) and 501(c)(4) organizations must comp		-		r
	Check if Schedule O contains a respons include amounts reported on lines 6b, 9b, and 10b of Part VIII.	se or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Ints and other assistance to domestic organizations		expenses	general expenses	expenses
	I domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	ividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	anizations, foreign governments, and foreign				
-	ividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,				
	stees, and key employees	140,135.	126,122.	12,612.	1,40
	mpensation not included above, to disqualified		- /	, -	
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)				
	ner salaries and wages	826,564.	743,870.	70,381.	12,31
	nsion plan accruals and contributions (include	,		,	
	tion 401(k) and 403(b) employer contributions)				
	her employee benefits	282,379.	256,978.	21,645.	3,75
	yroll taxes				
	es for services (non-employees):				
	inagement				
	gal				
	counting	18,525.	15,376.	2,779.	37
	bbying				
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
-	umn (A) amount, list line 11g expenses on Sch O.)				
	vertising and promotion	8,381.	8,213.	168.	
		14,566.	11,361.	2,913.	29
	ormation technology	62,653.	31,327.	31,326.	
		02,033.	51/52/1	51/5201	
	yalties	165,240.	148,716.	16,524.	
		28,105.	23,327.	4,216.	56
		20,103.	23,527.	4,210.	50
-	yments of travel or entertainment expenses				
	any federal, state, or local public officials	1,081.	1,027.	54.	
		1,0010	1,027.	51.	
	erest				
	preciation, depletion, and amortization	40,545.	20,273.	20,272.	
		20,822.	16,241.	4,164.	41
	er expenses. Itemize expenses not covered	20,022.	10,211.	4,101.	
abo 24e	ve. (List miscellaneous expenses in line 24e. If line a mount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	PECIAL ASSISTANCE	35,649.	35,649.		
	AINTENANCE	34,332.	30,899.	3,433.	
	TILITIES	30,289.	27,260.	3,029.	
	ELEPHONE	13,024.	11,461.	1,302.	26
	other expenses	68,992.	59,290.	9,494.	20
	al functional expenses. Add lines 1 through 24e	1,791,282.	1,567,390.	204,312.	19,58
	nt costs. Complete this line only if the organization	_,.,_,_,_	_,,		,00
	orted in column (B) joint costs from a combined				
	icational campaign and fundraising solicitation.				
	isaasia oumpuign und rundruiding donotation.				

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Form **990** (2016)

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63,390.

1,051,736.

1,379,867.

28

29

30 31

32

33

34

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 350. Cash - non-interest-bearing 1 1 509,032. 359,648. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 221,615. 415,968. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 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 824,239. b Less: accumulated depreciation 10b 645,990. 624,942. 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2,880. 15 Other assets. See Part IV, line 11 15 1,400,908. 1,379,867. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 122,416. 17 146,852 17 Accounts payable and accrued expenses 18 18 Grants payable 19 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 current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 205,715. 163,563. 25 Schedule D 328,131. 310,415. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 988,346. 1,017,565. 27 Unrestricted net assets 27

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets

and complete lines 30 through 34.

23-2070668 Page 11

(B)

350.

0.

72,928.

1,090,493.

1,400,908.

Form **990** (2016)

Form 990 (2016)

Form	990 (2016) DOMESTIC VIOLENCE SERVICE CENTER, INC.	23-	-2070668	Pa	ge 12			
Pa	t 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	1,830					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,791	L,2	82.			
3	Revenue less expenses. Subtract line 2 from line 1	3			57.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,051	L,7	36.			
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,090),4	93.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) basis	S,					
	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			x				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	ıdit					
	Act and OMB Circular A-133?		За	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х				

Form **990** (2016)

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SC	HED	ULE	Α

Department of the Treasury

Internal Revenue Service

(Form	990	or	990	-EZ
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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.

Attack	h to Form 990 or Form 990-EZ.	
Information about Schedule A (Form	990 or 990-EZ) and its instructions is at V	vww.irs.gov/form990.

2016 **Open to Public** Inspection

OMB No. 1545-0047

			_
Name o	of the	organizati	on

Name	of t	he organization								identification number	
			STIC VIOLE							3-2070668	
Part		Reason for Public (Charity Status (All organizations	must co	omplete th	is part.) Se	ee instructions	S.		
The or	-	ization is not a private found									
1		A church, convention of ch						I)(A)(i).			
2		A school described in section									
3		A hospital or a cooperative									
4 🗆		A medical research organiz	ation operated in co	njunction with a	hospita	l describec	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
Г	_	city, and state:									
5 🗆		An organization operated for		llege or universit	y owned	d or operat	ed by a g	overnmental ι	unit describ	bed in	
Г	_	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 L		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 🗋	X										
	_	section 170(b)(1)(A)(vi). (C									
8 [4	A community trust describe									
9 🗆		An agricultural research org		-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instru	uctions).	Enter the	name, city	/, and state o	f the colleg	e or	
Г		university:									
10 🗆		An organization that norma									
		activities related to its exen			-					-	
		income and unrelated busir		(less section 51	1 tax) fr	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.	
.		See section 509(a)(2). (Cor									
11 ∟ 40 □		An organization organized a	-	•		-					
12 🗆		An organization organized a		-		-			-		
		more publicly supported or								neck the box in	
-		lines 12a through 12d that					-		-	alvina	
а	L	Type I. A supporting orga	-	-		•					
		the supported organization				a majority (upporting	
h		organization. You must o	-			tion with it	o ou poort	od organizatio	n(a) by ba	vina	
b	L	J Type II. A supporting org control or management o	-					-		-	
		organization(s). You mus				ame perso	nis triat co		ige the sup	ported	
с		Type III functionally inte	-			in connect	tion with	and functiona	lly integrat	ad with	
C	L	its supported organization							ny megrati	sa with,	
d		Type III non-functionally			-	-			rted organi	zation(s)	
u		that is not functionally int							-		
		requirement (see instruct				-		-	anaton	IVCIIC33	
е		Check this box if the orga							II. Type III		
C		functionally integrated, or						гтурст, турс	n, type m		
f	=nte	r the number of supported of	rachizationa	nany mogratou		ing organiz	ation				
		ide the following information	•								
) Name of supported	(ii) EIN	(iii) Type of organ	nization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lin above (see instru		Yes	No	support (see ir	structions)	support (see instructions)	
					<i>1</i>						
Tatel											
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990 EZ) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,360,236.	1,534,848.	1,698,213.	1,633,539.	1,814,797.	8,041,633.
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 \dots						
4	Total. Add lines 1 through 3	1,360,236.	1,534,848.	1,698,213.	1,633,539.	1,814,797.	8,041,633.
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.						8,041,633.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,360,236.	1,534,848.	1,698,213.	1,633,539.	1,814,797.	8,041,633.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	392.	322.	228.	177.	206.	1,325.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	18,116.	23,264.	37,771.	12,782.	15,036.	
11	Total support. Add lines 7 through 10						8,149,927.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Public	ic Support Pe	rcentage			<u></u>	
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.67 %
	Public support percentage from 2015					15	98.50 %
	33 1/3% support test - 2016. If the c					nore, check this bo	x and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				• •		▶□
18	Private foundation. If the organizatio						s ►
						dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 3 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	5					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified person	IS					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	'S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	S					
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						
14 First five years. If the Form 990 is	for the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
check this box and stop here				-)
Section C. Computation of Pu	blic Support Pe	ercentage				
15 Public support percentage for 2016	3 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv	estment Incom	ne Percentage				
17 Investment income percentage for	2016 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from	m 2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If t	-					17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟
b 33 1/3% support tests - 2015. If t	he organization did r	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 $1/3\%$, c	heck this box and s	top here. The org	anization qualifies	s as a publicly supp	orted organizatio	וי
20 Private foundation. If the organiza	tion did not check a	box on line 14, 19	9a, or 19b, check			
632023 09-21-16			15	Sch	edule A (Form 99	90 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 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 (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) 2016

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) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 5

Fai	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		
	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,			
0	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			
0	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	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	Ю-EZ)	2016
	17			

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Sche	edule A (Form 990 or 990-EZ) 2016 DOMESTIC VIOLENCE SERVI	CE C	ENTER, INC.	23-2070668 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	Ť
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain	n in Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	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		
с	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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)			
Secti	tion 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	es of supported organizatior	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 t	he organization is responsiv	e			
	(provide details in Part VI). See instructions	•				
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii)	(iii)		
		Excess Distributions	Underdistributions	Distributable		
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
_	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
a						
 b						
	From 2013					
	From 2014					
	From 2015					
	Total of lines 3a through e					
-	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
	Carryover from 2011 not applied (see instructions)					
- <u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
-	line 7: \$					
	Applied to underdistributions of prior years					
-	Applied to 2016 distributions of phot years					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions					
6						
0	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c					
8	Breakdown of line 7:					
<u>a</u>	Exercise from 2012					
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
е	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A			VIOLENC					Pag
	Part IV. Section A.	lines 1, 2, 3b, 3c, 4b	o. 4c. 5a. 6. 9a. 9b. 9	c. 11a. 11b. and 1 ⁻	I c: Part IV. Section	on B. lines 1 a	nd 2: Part IV. Sectio	n C,
	line 1; Part IV, Sect	tion D, lines 2 and 3;	; Part IV, Section E, I , Section E, lines 2, 5	nes 1c, 2a, 2b, 3a,	and 3b; Part V, I	ine 1; Part V, S	Section B, line 1e; Pa	art Ý,
	(See instructions.)		, Section E, lines 2, 3	o, and 6. Also comp	plete this part for	any additiona	I information.	
						Cabadala) (Form 000 000	<u> </u>
2028 09-21-1	10			20		Schedule /	A (Form 990 or 990-	-EZ)
71214	759340 163	15A	2016.050	10 DOMESTI	C VIOLEN	ICE SERV	ICE C 1615	δA
214	759340 163	15A	2016.050	10 DOMESTI	C VIOLEN	ICE SERV	ICE C 1615	5A

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name	of the	organizat	ion

Organization type (check one)

DOMESTIC VIOLENCE SERVICE CENTER, INC.

23-2070668

Filers of:	Section:				
Form 990 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 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

23-2070668

DOMESTIC VIOLENCE SERVICE CENTER, INC.

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribu
UNITED WAY OF WYOMING VALLEY 100 PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	\$73,500.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
	\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
	\$	Person Payroll Noncash (Complete Part II fo
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
	\$	Person Payroll Noncash (Complete Part II fo
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
	\$	Person Payroll Noncash (Complete Part II fo
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
	\$	Person Payroll Noncash (Complete Part II fo
	UNITED WAY OF WYOMING VALLEY 100 PENNSYLVANIA AVENUE WILKES BARRE, PA 18701 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c)	Name, address, and ZIP + 4 Total contributions UNITED WAY OF WYOMING VALLEY \$ 73,500. 100 PENNSYLVANIA AVENUE \$ 73,500. WILKES BARRE, PA 18701 (c) (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

Page 3

Employer identification number

23-2070668

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
		 \$	

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	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page 4				
Name of org	anization	Employer identification number					
DOMEST	TIC VIOLENCE SERVICE CEN	NTER, INC.	23-2070668				
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	butions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religious	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.					
`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, an	d ZIP + 4	Relationship of transferor to transferee				
F	,,, _,, _						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-		(e) Transfer of gift					
		(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, an	d ZIP + 4	Relationship of transferor to transferee				
	· · · ·		•				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	() 1 3						
-	(e) Transfer of gift						
		(e, manolo, or give					
F	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
			Sabadula D (Earm 000, 000, E7, ar 000, DE) (0040				
623454 10-18-	-16	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2016				

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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.



No

No

No

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ___ Yes violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No ___ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X 📃 🕨 🕈 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part \	/III, line 1
b Assets included in Form 990, Part X	

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Schedule D (Form 990) 2016

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items a Puble exhibition d Loan or exchange programs b Scholarly research e Other c Previse a description of the organization scill-corrective donations of art, historical treasures, or other similar assets to be soft the organization and control other donation of art, historical treasures, or other similar assets 5 Definition that apply. Yes No Part V Escholarly research e Other response that and apply. The organization and control attemate as a part of the organization assets Yes No Part V Escholar heart attemate assets The organization and control attemate assets Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: response Yes No b If Yes,' explain the arrangement in Part XIII check here if the explanation has been provided on Part XII Provide the estimated provement is Part XII. Check here if the explanation has been provided on Part XIII Provide the estinhated provement is	_	1 /	C VIOLENCE						23-20			ıge 2
cleack at that apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	collections of A	rt, His	torical T	reasures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
a Public exhibition during the year of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, dd the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, dd the organization is collections of art, historical trassures, or other similar assets to 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 reported an amount on Form 990, Part X, line 21. Ta is the organization and the transformements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9. Defined to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9. Defined to raise funds rather than to be maintained as part of the organization and the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ta is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Defined to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Defined the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Defined to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Defined the argoment in Part XIII. Defined to the organization answered 'Yes' on Form 990, Part IV, line 10. Defined the organization answered 'Yes' on Form 990, Part IV, line 10. Defined to part balance Def	3		on, and other record	ls, chec	k any of the	e following that	at are a si	ignificant (use of its	collectio	n items	3
b Scholary research e Other 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 air, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, Ine 9, or responded an amount on Form 990, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization include an amount on Form 990, Part X, Ine 21. 2a Did the organization include an amount on Form 990, Part X, Ine 21. for escrow or custodial account liability? Ves No b If Yes', explain the arrangement in Part XII. Check here if the organization has been provided on Part XIII Part Wes No b If Yes', explain the arrangement in Part XII. Check here if the organization answered 'Yes' on Form 990, Part X, Ine 21. Part Yes' No b Othory ear (a) Current year (b) Prory year balance (c) Prory years back (
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 16 Is the organization and explain how they further the organization's exempt purpose in Part XIII. 17 Is the organization and explain how they further the organization's exempt purpose in Part XIII. 18 Is the organization and explain the intermediary for contributions or other assets not included on Form 990, Part X? 18 Is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 19 If Yes, "explain the arrangement in Part XIII. Check here if the organization masweed "Yes" on Form 990, Part X, line 21. 20 Dating balance Integration include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves No 21 Dating balance (a) Current year (b) Proyec and Part XIII. Check here if the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves No 21 Dating balance (a) Current year (b) Proyec and Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10. Intresentable (e) Fouryears back for form 90, Par	а		d									
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 is collection? Part W escrow and a senter 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 diations during the year Is Is diations Is diations Is diations Is diations Is Is diations Is Is diations Is Is diations Is Is Is Is Is diations Is	b		е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No Part IV Excrow 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. Is the organization angement. Insules, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ic c Beginning balance Ic Amount Ic d Additions during the year Id Id Intermediation angement in Part XII. 2a 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 XII. Check here if the explanation has been provided on Part XII. Part V Informeds. Complete the organization answered 'Yes' on Form 990, Part X, line 21. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in a contributions. 1a Beginning of year balance (b) Prior year (c) Two years back in a contributions. (c) Four years back in a contreliability? 1a B	С	Preservation for future generations										
top out for raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete in the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, 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 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 and dufficience on Form 980, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Ive	4		-		-	-			ose in Par	t XIII.		
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f Ending balance												
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b Contributions	10	Regipping of year balance	(a) Ourient year		nor year		13 DUCK	(u) mee y		(e) i oui	yours	Juon
c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses	e	-										
g End of year balance	£											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a a 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 (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations isted as required on Schedule R? 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) basis (other) basis (investment) basis (other) basis (other) (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value												
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by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or Other (c) Accumulated (c) Book value (c) B	0-						awa al faw Al					
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a 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) (b) Cost or other depreciation (d) Book value 1a Land 1 Land 1 Land 1 A b Buildings 1 , 187, 948 601, 873 586, 075 586, 075 d Equipment 261, 233 222, 366 38, 867 38, 867		-									res	INO
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d Equipment 261,233. 222,366. 38,867.					1,18	87,948.	6	501,8'	73.	58	5,05	75.
e Other												
					20	61,233.	2	222,30	56.			
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line	10c.)				624	1,94	12.

Schedule D (Form 990) 2016

632052 08-29-16

(a) Description of security or category (including name of convit-	(b) Book value	e 11b. See Form 990,		d-of-year market value
a) Description of security or category (including name of security)			auation. Cost of end	roryear market value
Financial derivatives				
Closely-held equity interests				
Other(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990.	Part X. line 15.	
(-)	Description			(b) Deels velve
	Description			(b) Book value
(1)	Description	, , , , , , , , , , ,		(b) Book value
(1) (2)	Description	,		(b) Book value
(1) (2) (3)	Description	,		(b) Book value
(1) (2) (3) (4)	Description			(b) Book value
(1) (2) (3) (4) (5)	Description			(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
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Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 DOMESTIC VIOLENCE SERVICE				2070668 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,840,508.
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	2 b			
с	Recoveries of prior year grants				
d			10,469.		
е	through			2e	10,469.
3	Subtractinine 22 from line 29			3	1,830,039.
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	1,830,039.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Witl	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,801,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	10,469.		
е	Add lines 2a through 2d			2e	10,469.
3	Subtract line 2e from line 1			3	1,791,282.
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.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,791,282.
Pa	rt XIII Supplemental Information.				
Duest	ide the departmentions required for Part II, lines 2, 5, and 0; Part III, lines 1a and 4; Pa	مالة مممنا / (الس	and Oby Davit V line	4. 0-4	V line 0. Dest VI

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 XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

632054 08-29-16

10,469.

10,469.

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 ► Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 5,000) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19, or if the		OMB No. 1545-0047
Name of the organization	C VIOLENCE SERVICE						entification number
Part I Fundraising Activities	Complete if the organization answe						
 required to complete this par Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	sed funds through any of the followin e Solicita f Solicita g Special pr oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes r is to l	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundrais listed in co	ed by) er	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization	on is registered or licensed to solicit			or has been notifier	h it is evennt	from r	egistration
or licensing.				s of has been notified			egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. 5	Schedule G (I	Form 9	990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

-			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	25,505.			25,505.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	25,505.			25,505.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				10,469.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	10,469.
		Net income summary. Subtract line 10 from li				15,036.
Pa	Int I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$13,000 011 0111 990-LZ, line da.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other direct overences				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ 103 // □ No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
•		ter the state(s) is which the exception condu	usto goming optivition			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		· · ·				
		ere any of the organization's gaming licenses re			year?	Yes No
u	П	Yes," explain:				
6000		2 10 10			Sobodulo C /Co	rm 990 or 990-EZ) 2016
03208	JZ U	9-12-16				11 330 01 330-LZJ 2010

Sch	edule G (Form 990 or 990-EZ) 2016 DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2	<u>2070668</u>	B Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
100			
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
~	of gaming revenue retained by the third party \triangleright \$		
~	If "Yes," enter name and address of the third party:		
Ū	in res, entername and address of the third party.		
	Name		
	Address		
16	Coming manager information:		
10	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	•• • • • • • • •		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🔛 Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
De	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
63208	33 09-12-16 Schedule G (Form	n 990 or 99	0-EZ) 2016
	31		

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Schedule G (Form 990 or 990-E2) DOMESTIC VIOLENCE SERVICE CENTER, INC. 23-2070668 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990 or 990-EZ)	DOMESTIC	VIOLENCE	SERVICE	CENTER,	INC.	23-2070668	Page 4
	Part IV	Supplemental Infor	mation (continued	d)					
632084 Schedule G (Form 990 or 990-EZ	632084						Sc	hedule G (Form 990 o	r 990-EZ)
632084 04-01-16 32	04-01-16				32				

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



DOMESTIC VIOLENCE SERVICE CENTER, INC.

Employer identification number 23 - 2070668

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

SAFETY, EMPOWERMENT AND SELF-SUFFICIENCY TO VICTIMS OF DOMESTIC

VIOLENCE.

FORM 990, PART IV, LINE 29

DURING THE YEAR THE ORGANIZATION RECEIVED NON-CASH CONTRIBUTIONS WHICH

INCLUDED CHILDREN/INFANT SUPPLIES, CLOTHING AND HOUSEHOLD GOODS,

PERSONAL CARE ITEMS, SCHOOL SUPPLIES, FOOD ITEMS, CELL PHONES, AND

OTHER MISCELLANEOUS ITEMS. THE ORGANIZATION DID NOT PLACE A MONETARY

VALUE ON THESE NON-CASH CONTRIBUTIONS AND AS SUCH WERE NOT INCLUDED IN

THE ORGANIZATIONS FINANCIAL STATEMENTS OR FORM 990.

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 ARE ADDRESSED DURING A MEETING OF THE BOARD. THE

 ORGANIZATION
 REFRAINS
 FROM
 ANY
 ACTION
 UNTIL
 SUCH
 TIME
 AS
 THE
 PROPOSED

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)
 Schedule O (Form 990 or 990-EZ) (2016)

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	EZ) (2016)	m 990 or 990-EZ	Form	0	Schedule
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Name of the organization

Employer identification number 23-2070668

ACTION, POLICY OR TRANSACTION HAS BEEN APPROVED BY THE DISINTEREST MEMBERS OF THE BOARD.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF FORM 990 IS MADE AVAILABLE TO INTERESTED PARTIES UPON WRITTEN REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

MICHAEL LAST - 16 MONTAGE MOUNTAIN ROAD, MOOSIC, PA 18507

PEGGY ENGLE, ESQ. - 33 NORTH MAIN STREET, SUITE 200, PITTSTON, PA 18640

PAUL LANTZ - 1400 SANS SOUCI PARKWAY, WILKES BARRE, PA 18706

PAULA TRIANO - 610 ARTHUR STREET, HAZLETON, PA 18201

MARIAN W BOSCIA PH.D. - WILLIAM G MCGOWAN SCHOOL OF BUSINESS

WILKES BARRE, PA 18711

PAUL ANTONY - 200 HAMILTON STREET SUITE 205, PHILADELPHIA, PA 19130

SANDY RIFKIN - 200 RIVERSIDE DRIVE, WILKES BARRE, PA 18702

TINA DOWD - 264 HIGHLAND PARK BLVD, WILKES BARRE, PA 18702

KAREN LYNN STAVISH, MS - 670 NORTH RIVER STREET, SUITE 205

PLAINS, PA 18705

CINDY M. MILAN-ORTIZ - 761 AIRPORT ROAD, HAZLETON, PA 18201

PATRICIA WRIGHT - 337 MCGURRIN HALL, SCRANTON, PA 18510

DIANE KANE – 575 NORTH RIVER STREET, WILKES BARRE, PA 18764

Schedule O (Form 990 or 990-EZ) (2016)

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization DOMESTIC VIOLENCE SERVICE CENTER, INC.	Employer identification number 23-2070668
EDMUND J ABDO JR - 44 HILL TOP DRIVE, HONESDALE, PA 18431	
LORRI ANN VANDERMARK - PA DEPT OF PUBLIC WELFARE 206 REAR	EAST UNION STREET
NANTICOKE, PA 18634	
SHIRLEY FORTINSKY - 312 STANLEY DRIVE, KINGSTON, PA 18704	
KATHERINE POHLIDAL - 301 LAKE STREET, DALLAS, PA 18612	
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE TO THE OVERSIGHT OR SELECTION PRO	OCESS FROM
PRIOR YEARS.	