

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No 1545-1150

**2008**

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Domestic Violence Intervention Collaborative 111 N Market St #402 San Jose, CA 95113	<b>D</b> Employer identification number 72-1592492
		<b>E</b> Telephone number (408) 294-0006
		<b>F</b> Group Exemption Number

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

**G** Accounting method  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ N/A

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

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 210,391.

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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	11,225.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	197,631.
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	1,535.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b> Less direct expenses other than fundraising expenses	<b>6b</b>		
<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b> Less cost of goods sold	<b>7b</b>		
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	210,391.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	117,670.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	10,024.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	28,839.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	73.
	<b>16</b> Other expenses (describe ▶ See Statement 1)	<b>16</b>	54,083.
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	210,689.	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-298.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	53,465.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	53,167.

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	53,205.	59,172.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ See Statement 2)	260.	
<b>25 Total assets</b>	53,465.	59,172.
<b>26 Total liabilities</b> (describe ▶ See Statement 3)	0.	6,005.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	53,465.	53,167.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JAN 03 2010

23



**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>35 a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35 b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37 a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>37 b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>38 b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39 a</b>	501(c)(7) organizations Enter initiation fees and capital contributions included on line 9		
<b>39 b</b>	Gross receipts, included on line 9, for public use of club facilities		
<b>40 a</b>	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>40 b</b>	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>40 c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>40 d</b>	Enter amount of tax on line 40c reimbursed by the organization		
<b>40 e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ CA		

**42 a** The books are in care of ▶ TeamWorks, Inc Telephone no ▶ 408-243-3970  
 Located at ▶ 122 Saratoga Ave, Ste 100 Santa Clara CA ZIP + 4 ▶ 95051

		Yes	No
<b>42 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
<b>42 c</b>	At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country ▶ _____		X

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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Nancy B Marshall*  
 Date: *12/15/09*  
 Type or print name and title: **NANCY B MARSHALL MANAGER, EX. DIRECTOR**

**Paid Preparer's Use Only**

Preparer's signature: **Self-Prepared** Date: \_\_\_\_\_  
 Check if self-employed:  Preparer's Identifying Number (See instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no: \_\_\_\_\_

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

Client DVIC1218

72-1592492

12/15/09

10 44AM

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Cell Phones	\$	494.
Conferences, Conventions, and Meetings		100.
DVIR Expense		3,017.
Information Technology		239.
Insurance		2,161.
Office Expenses		6,480.
Taxes & Fees		9.
Travel		1,339.
Trust Expense		40,244.
<b>Total</b>	<b>\$</b>	<b><u>54,083.</u></b>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges	\$ 260.	\$ 0.
<b>Total</b>	<b><u>\$ 260.</u></b>	<b><u>\$ 0.</u></b>

**Statement 3**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Payable to Officers, Directors, Etc.	\$ 0.	\$ 6,005.
<b>Total</b>	<b><u>\$ 0.</u></b>	<b><u>\$ 6,005.</u></b>

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Provides classes and services in support of victims of domestic violence

**Statement 5**  
**Form 990-EZ, Part III, Line 30**  
**Statement of Program Service Accomplishments**

DFCS - Provided a diversity of domestic violence related services for 614 clients in the Child Welfare system, including court support, safety planning, restraining order preparation, community resource networking, domestic violence assessments, etc. Also provided consultation to social workers and the Dependency Court system.

**Statement 6**  
**Form 990-EZ, Part III, Line 31**  
**Statement of Program Service Accomplishments**

Description	0. Grants	Program Service Expenses
Parenting without Violence - Provided 16 week therapeutic parent empowerment groups to 22 participants. Includes Foreign Grants: No		12,029.
DVIR - DVIC is the fiscal agent for DVIR. DVIR workshops are collaborative outreach evening workshops, held every 2 to 3 months, providing information and resources to the community. The workshop includes an average of 35-40 resource providers, a panel of judges and agency leaders to answer questions, and a hot meal for approximately 700 participants. Includes Foreign Grants: No		3,025.
Training - Participation in collaborative one day trainings designed to cross train approximately 225 professionals working with clients in the Child Welfare system. DVIC's part of the training addresses the domestic violence protocol. Includes Foreign Grants: No		
Domestic Violence Conference - DVIC is the fiscal agent for DVIR. This is one-day conference for professionals, which is provided every October by the Santa Clara County Domestic Violence Council to provide professionals in the community and surrounding counties with a wide range of the most current information about domestic violence. Includes Foreign Grants: No		40,168.
Total	\$ 0.	\$ 55,222.

**Statement 7**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

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