

COPY 2015/06 previously submitted 11/20/2015

Form 990-T

EXTENDED TO MAY 16, 2016
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning JUL 1, 2014 and ending JUN 30, 2015

OMB No. 1545-0047
2014
UNITED STATES DEPARTMENT OF THE TREASURY Internal Revenue Service

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Check box if address changed

B Exempt under section
 501(c)(3)
 409(a) 20(e)
 408A 50(c)(a)
 529(a)

Name of organization (Check box if name changed and see instructions)
DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY

Number street and room or suite no. If a P.O. box, see instructions
PO BOX 832

City or town, state or province, country, and ZIP or foreign postal code
WEST CHESTER, PA 19381-0832

Employer identification number (Employees trust see instructions)
22-2606511

Unrelated business activity codes (See instructions)

C Book value of all assets at end of year
3,016,551.

F Group exemption number (See instructions)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity **LOW-INCOME HOUSING RENTAL PROJECT**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group?
 If Yes, enter the name and identifying number of the parent corporation Yes No

J The books are in care of **CHIEF EXECUTIVE OFFICER** Telephone number **610-431-3546**

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 1797, Part III, line 17) (attach Form 4797)			
c Capital loss deduction for losses			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rental income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)	13,935.	5,415.	8,520.
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule K-1)			
9 Investment income of a section 501(c)(7) (9) or (17) organization (Schedule D)			
10 Explored exempt activity income (Schedule I)			
11 Advertising income (Schedules J)			
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 1 through 12	13,935.	5,415.	8,520.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	3,040.		
22 Less depreciation claimed on Schedule A and elsewhere on return	3,040.		0
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess leadership costs (Schedule J)			
28 Other deductions (attach schedule)			
29 Total deductions. Add lines 14 through 28			0
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			8,520
31 Net operating loss deduction limited to the amount on line 30			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			8,520
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			7,520

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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions to tax computation.
 Controlled group members (sections 1551 and 1553) check here See instructions and
 Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$
 c Income tax on the amount on line 34 35c 1,128
 36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36
 37 Proxy tax See instructions 37
 38 Alternative minimum tax 38
 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 1,128.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
 b Other credits (see instructions) 40b
 c General business credit. Attach Form 3800 40c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
 e Total credits. Add lines 40a through 40d 40e
 41 Subtract line 40e from line 39 41 1,128.
 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8667 Form 8866 Other (attach schedule) 42
 43 Total tax. Add lines 41 and 42 43 1,128
 44a Payments: A 2013 overpayment credited to 2014 44a 72
 b 2014 estimated tax payments 44b 1,060
 c Tax depositor with Form 8868 44c
 d Foreign organizations. Tax paid or withheld at source (see instructions) 44d
 e Backup withholding (see instructions) 44e
 f Credit for small employer health insurance premiums (Attach Form 8941) 44f
 g Other credits and payments Form 2439 Form 4136 Other Total 44g
 45 Total payments. Add lines 44a through 44g 45 1,132
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 4.
 49 Enter the amount of line 48 you want credited to 2015 estimated tax Refunded 49 4.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in, or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
 2 During the tax year, did the organization receive a distribution from, or was it the grantor or substantial contributor to, a trust? If YES, see instructions for other forms the organization may have to file Yes No
 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold Enter method of inventory valuation: N/A

1 Inventory at beginning of year 1
 2 Purchases 2
 3 Cost of labor 3
 4a Additional section 263A costs (see instructions) 4a
 4b Other costs (attach schedule) 4b
 5 Total. Add lines 1 through 4b 5
 6 Inventory at end of year 6
 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Sign Here Under penalties of perjury, I declare that I have prepared 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 taxpayer) is based on all information of which preparer has any knowledge.
 Signature of preparer: Jennifer Solot Date: 11/19/2015 Title: CEO
 Any of the preparer's preparer's in the preparer shown below are instructed by Yes No

Print/Type preparer's name: JENNIFER SOLOT Preparer's signature: [Signature] Date: 11/19/15 Check if self-employed PTI: P00749373
 Firm's name: BBD, LLP Firm's EIN: 23-2896692
 Firm's address: 1835 MARKET STREET, 26TH FLOOR PHILADELPHIA, PA 19103 Phone no: 215-567-7770

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Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the owner is not a renter for personal property, do not enter more than 10% but not more than 50%)	(b) From real and personal property if the percentage of the personal property exceeds 10% or if the rent is based on profit or loss	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income or loss allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
		STATEMENT 1	STATEMENT 2	
(1) GARFIELD AVENUE	13,935	3,040.	2,375.	
(2)				
(3)				
(4)				
4 Amount of average acquisition debt or other allocable to debt-financed property in each schedule	5 Average adjusted basis of or allocable to debt-financed property in each schedule	6 Column 4 divided by column 5	7 Gross income reportable to column 2 (column 8)	8 Allocable deductions (column 3 total of columns 3(a) and 3(b))
STATEMENT 3	STATEMENT 4			
(1) 76,000	39,520	100.00%	13,935	5,415.
(2)		%		
(3)		%		
(4)		%		
Totals			13,935.	5,415.
Total dividends received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total unrelated payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 3
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated deductions (see instructions)	9 Total unrelated payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 7	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 10 and 11. Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	

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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess research expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or loss (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (b))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or loss (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total	Enter here and on page 1 Part II line 14		0.

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FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		3,040.	
- SUBTOTAL -	1		3,040.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			3,040.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MANAGEMENT FEE		963.	
REPAIR AND MAINTENANCE		1,412.	
- SUBTOTAL -	1		2,375
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			2,375.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT ALLOCATED TO BUILDING		76,000.	
- SUBTOTAL -	1		76,000.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			76,000

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6 STATEMENT(S) 1, 2, 3
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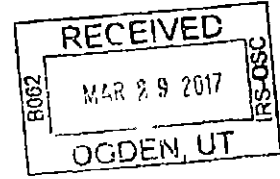
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FORM 990-T AVERAGE ADJUSTED BASIS OF OR STATEMENT 4
ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS-BUILDING		39,520.	
- SUBTOTAL -	1		39,520
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			39,520



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