Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Int	emal Reve	nue Service		► Go to	www.irs.g	jov/Fon	n990 for ins					ormat	ion.	LAY	inspe	CUOII	
Ā	For the	e 2017 cale	ndar year	, or tax year	beginning		July 1	, 2	2017, a	and er	nding		Jun	e 30	, 20 18		
В	Check i	f applicable:	C Name of	organization V	ictor Valle	ey Dom	estic Violen	ce, Inc.						D Employer	identification	number	
	Addres	s change	Doing bu	Isiness as										_	93-1067826		
	•		Number	and street (or P	.O. box if m	ail is not	delivered to s	reet addres	s)	Roor	n/suite			E Telephone	number		
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 2825								1									
\vdash	1	um/terminated		own, state or pro	ovince, cou	ntry, and	ZIP or foreign	postal code	,								
	•			e, CA 92393			_						- 1	G Gross rece	eipts \$	895382	
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_) Applica	tion periong	, name an	.о цов. осо от р.:							2				ichided? Y		
-	Tow our		✓ 501	(0)(9)	501(c) (◀ (insert no.)	T 4947(e)	(1) or		\ \	 '''\'			st. (see instruc		
<u>+</u>	Websit	empt status:	12 301	(0)(3)	<u> </u>		4 (insert no.)	<u> </u>	11/01	<u></u>		H(c) G	กเมา	exemption no	ımber ▶		
÷		organization.	Comon	tion Trust	Associa	ation [Other ▶		I Ve	ar of fo	matio		998		legal domicile	CA	
	Part I	Summ		ition mast	[_] A3000	2001	Outor -	+	1 - 10	<u> </u>		<u>"</u>	330	1	10321	<u> </u>	
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٩		lotal unr	elated bu	isiness rever iness taxabl	nue πom	Part V	ii, columbia	CEW	FD)	1.	• •		7b			
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Revenue	10			e (Part VIII, c					71.	₹ .	11-			515		512	
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6	15			pensation, e					iines	5-10)	<u> </u>			645247		636300	
Expenses	16a			raising fees (• •							والمراز معروا للعمالية	
2	. b										<u> </u>	242724					
_	1	•								303363		316701					
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12								948610		953001					
_	19	Revenue	less exp	enses. Subtr	act line 1	8 from	line 12 .	<u> </u>	<u> </u>	<u> </u>	 	-11	-10	953866	-57619 End of Year		
B Q	8								Bei	garrang	or Cui	rent Year	ERGOIT				
Ę.	혈 20		-	X, line 16)										1114651	<u> </u>	1071511	
Net Asset	튙 21		•	rt X, line 26)							<u> </u>			160785		162950	
_				i balances. S	Subtract I	ine 21	from line 20	<u> </u>	<u> </u>					953866		908561	
	Part II		ure Blo														
U	Inder pen	attes of perju	ry, I declare	that I have exa	mined this i	return, in	cluding accom	panying scl	hedules	s and s	tateme	nts, and	to th	e best of my	knowledge ar	nd belief, it is	
	ue, come	t, and compl	ete. Deciare	ation of preparer	(otner than	onicer) i	s based on all	mornation	OI WITH	Ci pret	Jarei III	as ally k	JOWIE	/			
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M	ay the II	RS discuss	this retu	ırn with the p	oreparer s	shown	above? (se	e instruct	ions)							s 🗌 No	
=		and Dealer	-4:0- 4-4	Nadiaa aaa d		4. :	· · · · · · · · · · · · · · · · · · ·			-	4 Ala	11202V			Form	990 (2017)	

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Part	Ш				
	Dela	Check if Schedule O contains a response or offly describe the organization's mission:	note to any line i	in this Part III	<u> L</u>
1		any describe the organization's mission: vide victims of domestic violence with shelter, train	ing food councili	ng contribut support and logal assistance	•
	Pro				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Did	the organization undertake any significant progr	ram services durin	ig the year which were not listed on the	3
		r Form 990 or 990-EZ?			☐ Yes 🗹 No
_		'es," describe these new services on Schedule C			
3	Did	the organization cease conducting, or make	significant chang	ges in how it conducts, any progran	,
		rices?			∐ Yes ☑ No
4		'es," describe these changes on Schedule O.	alabaranta far as	ah of ita thusa largast arastam sanisa	a an massured by
4		cribe the organization's program service accomenses. Section 501(c)(3) and 501(c)(4) organizati			
		total expenses, and revenue, if any, for each pro			ocations to carero,
		,	,		
4a	(Co	de:) (Expenses \$ 757159 inc	luding grants of \$) (Revenue \$)
	•				
			*		
4b	(Coc	de:) (Expenses \$ incl	luding grants of \$) (Revenue \$)
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4c	(Coc	de:) (Expenses \$ incl	uding grants of \$) (Revenue \$	
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4d		er program services (Describe in Schedule O.)	\ /D:	avanua ¢	
40		enses \$ including grants of \$) (HE	evenue \$)	

Part	Checklist of Required Schedules			т
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	✓	1
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		1
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		1
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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
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		✓
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	1	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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		✓
đ	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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
12 a		12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>√</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>✓</u>
	fundraising, business, 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	į	✓
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		 .
		Earm	gan.	M0170

Part	Checklist of Required Schedules (continued)			
	The state of the s	[-0	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	 	1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		1
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		1
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		1
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		1
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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," complete Schedule L, Part II	26		1
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			. ju
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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		1
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	1	
		Form	n 990	(2017)

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Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	· ·	<u>. L</u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		i,	
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	_	200
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		√
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	- 1	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- F _{3,5}	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	required to file Form 8282?	7c	[✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		7
9	sponsoring organization have excess business holdings at any time during the year?			¥
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:			5
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			- 4
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		· E	r-
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		41	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Ę.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	e de la constante de la consta	
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			4.72
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
h	If "Vee " has it filed a Form 720 to proper those payments? If "No " provide an evaluation in Schedule O	14b	-+	-

	90 (2017)				Page				
Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O.	See in	struc	tions.				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	<u> </u>	<u>. L</u>				
Sect	ion A. Governing Body and Management			1	1 810				
4.	Enter the number of veting members of the governing hady at the and of the tay year	امما	_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or	1a	5						
	if the governing body delegated broad authority to an executive committee or similar			Z.					
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with		7.					
	any other officer, director, trustee, or key employee?		2		1				
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4	L	1				
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		1				
6	Did the organization have members or stockholders?		6	L	1				
7a	The state of the s								
h	one or more members of the governing body?		7a	 -	1				
b	stockholders, or persons other than the governing body?		7b						
8	Did the organization contemporaneously document the meetings hold or written actions un				1				
_	the year by the following:			10	4				
а	The governing body?		8a	1					
b	Each committee with authority to act on behalf of the governing body?		8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			i					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the	e Intemal Rever	nue C						
			r	Yes					
10a	Did the organization have local chapters, branches, or affiliates?	fough chapters	10a		1				
р	affiliates, and branches to ensure their operations are consistent with the organization's exem		10Ь		l				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy? If "Yes,"							
	describe in Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?		13		1				
14			14		1				
15	Did the process for determining compensation of the following persons include a roview a				F 1				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation		450						
a	The organization's CEO, Executive Director, or top management official		15a 15b		/				
b	Other officers or key employees of the organization		130		V				
16a		ar arrangement							
	with a taxable entity during the year?		16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its		-					
	participation in joint venture arrangements under applicable federal tax law, and take stops to	o safoguard the	, A	لنني أي					
	organization's exempt status with respect to such arrangements?	· · · · ·	16b						
~	on C. Disclosure	-							
17	List the states with which a copy of this Form 990 is required to be filed ► None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an excitable for public inspection, Indicate how you made those swellable. Check all that apply	na 990-1 (Section	1 501(c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.								
10	Own website Another's website Upon request Other (explain in Sch	•	orost -	alia:					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.	ns, connect or int	ciesi (POIICY	, and				
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords.	•					
	Inger Robertson, E.D., POBx 2825, Victorville, CA 92393	5 555.15 4116 16	. 	-					

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	- 0		•	

Form 990 (2017)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	ndependent Contractors

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.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	nt officer, director, or trustee.			
				(0	C)						
(A)	(B)	(B) Position						(D)	(E)	(F)	
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)					n an tee)	Reportable	Reportable compensation from related	Estimated	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Inger Robertson	60			/	/	/		50104			
Executive Director	 	├	-	-	-	-	 	50104	0		
(2) Lezlie Roberts	2	1	}	1	ŀ			1		o	
President	 	-		┡ <u>~</u>		 	├	0	0		
(3) Jeff Allison 、	2	1	l	/	Ì	1				0	
V.P. Secretary	 			┡ <u>╸</u>	 	 		<u>o</u>	0	<u>_</u>	
(4) Reuel Herron	22	1		1		1			٥	0	
Treasurer (5)	 	├ ┷	├-	┡	├		-	0	<u>_</u>		
(5) Mary Madison Campbell Director	2	1		1		i		٥	o	o	
(6) Alexandra Hazandrea	2	 -	-	١Ť	-		-	-			
(9) Mexandra Hazandrea	† -	1		1]		o	o	0	
(7)											
(8)											
(9)											
(10)				<u> </u>							
(11)							-				
(12)		i	-	 							
(13)											
(14)						<u>_</u>					

Par	t VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees	(contin	nued)
					-	C)			ļ		[
	(A)	(B)	(do r	not ct		ition more	e than o	nne	(D)	(E)		(F)
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Reporta		Estimated
		hours per week (list any			_		or/trust	<u> </u>	compensation from	compensation related		amount of other
		hours for	유	Tog:	Officer	[€	불틒	Former	the	organizat	ions	compensation
		related organizations	ا الله الله	Ē	Ę	Key employee	Joy Set	Jer	organization (W-2/1099-MISC)	(W-2/10 99 -	MISC)	from the organization
		below dotted	₫ Ē	20		항	8 ဋ		(VV-2/1095-IVIIGO)		1	and related
		line)	Individual trustee or director	Institutional trustee		8	Highest compensated employee	l	1	ĺ	1	organizations
		}	8	8 8	.		ng at	l	1	İ	İ	
			<u> </u>	L			8.		<u> </u>			
(15)]									
		ļ						<u>L</u>				
(16)]								Ì	
				\Box		Ш		L				····
(17)			1						}			
				$oxed{oxed}$	L			L_				
(18)		<u> </u>	j i		('						- 1	
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(19)											1	
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(20)						\Box						
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(21)				\Box		П						
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(22)												
								:]	
(23)					П							
					()						ŀ	•
(24)												
(25)					\Box							
			i l				ĺ				!	
1b	Sub-total			•••	<u> </u>			•	50104	·		
C	Total from continuation sheets to Part	VII. Sectio	n A					•				
ď								•	50104			
2	Total number of individuals (including but						hove) w		ore than \$1	100 001	n of
_	reportable compensation from the organization			-		-		,	10 10001100 1110	эг	,00,00	
					_	_						Yes No
3	Did the organization list any former off	ficer. direct	tor. o	er tre	uste	æ. I	kev e	mp	lovee, or high	est compe	ensate	
	employee on line 1a? If "Yes," complete S											3 1
4	For any individual listed on line 1a, is the							n ar	nd other comp	onsation fi	rom th	The second second
7	organization and related organizations											
	individual	ground the							· · · · ·			4 /
5	Did any person listed on line 1a receive or	r noonio cc	mner	ocot	ion	fror	n anv	יכונ נ	related omaniz	ation or inc	dividus	
J	for services rendered to the organization?									adon or m	urraus	5 /
Soction	on B. Independent Contractors	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
1	Complete this table for your five highest of		ad ind	lone			~~~~		m that mooks	d more the	n \$10	0.000 of
•	compensation from the organization. Rep											
	year.	or comper	ISQUO		,, .,,		1101106	ar y	cai éuguið ma	1 OF WIGHT	aic oiş	gamzation 3 tax
												· · · · · · · · · · · · · · · · · · ·
	(A) Name and business addr	ress					- 1		(B) Description of se	rvices		(C) Compensation
												
	<u></u> _								 			
	·											
2	Total number of independent contractor							tho	ose listed abo	ve) who	Will the	
	received more than \$100,000 of compensa	ation from th	ne orç	jani:	zatio	on 🕨	•				A	

Form **990** (2017)

Par	t VIII	Statement of Revo				- nou lina in this	- D \ ////		
	المنتعان	Check if Schedule C	contains a	respo	nse or note to		S Part VIII		<u> </u>
					a ja	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ខ្ល	1a	Federated campaigns		1a			Tevende	The state of the s	012 014
	b	Membership dues .		1b			7		
iifts, Gr ar Amo	C	Fundraising events .	· · · · -	1c					
	d	Related organizations	—	1d		tara kanalah dari dari dari Marajaran			
 B	e	Government grants (cor)	1e	834646	·			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g					1		
		and similar amounts not inc	luded above	1f	54575				
풀음	g	Noncash contributions include	ted in lines 1a-1	f: \$					
a C	h	Total. Add lines 1a-1			▶	889221	· -		
					Business Code				
Ě	2a	Rental Income			53110	5649	5649		
Program Service Revenue	b								
<u>8</u> .	С								
Ser	d			L					
E	е		_	i					
ğ	f	All other program ser				· · · · · · · · · · · · · · · · · · ·			
<u> </u>	9	Total. Add lines 2a-2	1		🕨		1		
	3	Investment income							
		and other similar amo	•			512	512		
	4	Income from investmen	•	•	•				 _
	5	Royalties	(i) Real	 -	(ii) Personal				
	6-	Cuana ranta	(l) rical		(II) FOISOID	r de la companya del companya de la companya del companya de la co			
	6a	Gross rents						۲.	
	b	Less: rental expenses Rental income or (loss)							
	d	Net rental income or (l		▶				
	7a	Gross amount from sales of	(i) Secunties	s T	(ii) Other			7' '- '- '-	
		assets other than inventory							2
	ь	Less: cost or other basis							
		and sales expenses .		1					
	С	Gain or (loss)							
	d	Net gain or (loss) .			▶				
•									
enue	8a	Gross income from fu	ındraising						
		events (not including \$.					
Other Rev		of contributions reporte							
þe		See Part IV, line 18 .		~ 					
ŏ		Less: direct expenses		_ b[_				•	· ·
		Net income or (loss) for			ents . 🕨		,		-
	9a	Gross income from ga See Part IV, line 19 .							\mathcal{F}_{i}
		Less: direct expenses		a b					Y -
		Net income or (loss) fi			29				
		Gross sales of in					<u> </u>		,
	100	returns and allowance							•
	ь	Less: cost of goods s		ь					÷ .
		Net income or (loss) fr			orv ▶				
		Miscellaneous R			Jusiness Code				
ı	11a			$\neg \vdash$					
-	b								
- 1	4 C	***********************							
ļ	d	All other revenue .		- -					
	e	Total. Add lines 11a-	11d		>		and the second		
	12	Total revenue. See in	structions.		<u></u> . ▶ [895382	895382		

Statement of	

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete c	olumn (A).
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX	·	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundrassing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				1
2	Grants and other assistance to domestic individuals. See Part IV, line 22			•	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	50104	42000	7045	·
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50104	43089	7015	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	458591	394388	64203	
9	Other employee benefits	79690	68533	11157	
10	Payroll taxes	47915	41207	6708	ļ. <u></u>
11	Fees for services (non-employees):				
а	Management				
b	Legal	2701		2701	
C	Accounting	46902		46902	
d e	Lobbying				
f	Investment management fees		. <u></u>	to the state of th	<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20595	5840	14755	
12	Advertising and promotion	3460		3460	
13	Office expenses	9936	4968	4968	
14	Information technology				
15	Royalties				
16	Occupancy	79203	68115	11088	
17	Travel	44834	38557	6277	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				· · · · · · · · · · · · · · · · · · ·
20	Interest				'
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	39744	34180	5564	
23	Insurance	23011	19789	3222	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Supplies	32499	27949	4550	
b	Taxes and Licenses	778	40544	778	
d	Telephone Dues	12261	10544	1717	
e	All other expenses Plug	776		776	
25 25	Total functional expenses. Add lines 1 through 24e	953001	757159	195842	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	353001	/5/139	249061	· · · · · · · · · · · · · · · · · · ·

Р	art X	Balance Sheet			1		
_		Check if Schedule O contains a response or	note to any l	ine in this Pa	art X		
					(A) Beginning of year		(B) End of year
_	1	Cash-non-interest-bearing			452198	1	506676
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				'3	
	4	Accounts receivable, net			173174	4	123704
	5	Loans and other receivables from current and				7	
		trustees, key employees, and highest co	mpensated	employees.			
	l	Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers				1	
	l	4958(f)(1)), persons described in section 4958(c)(3)(B), ar					STOPPING PROFES
		sponsoring organizations of section 501(c)(9) volum					
ş		organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			19450	9	11046
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1102451		V do	
	ь	Less: accumulated depreciation	10b	672365		10c	430085
	11	•			403023	11	430003
	12	Investments—other securities. See Part IV, line		_		12	
	13 -	Investments—program-related. See Part IV, line	11	<u> </u>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	· · ·	1114651	16	1071511
	17	Accounts payable and accrued expenses			17545	17	19711
	18	Grants payable			ļ	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	ļ
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu				22	
Liabilities					442040	_=_	143240
-	23	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		,	143240	24	143240
	25	Other liabilities (including federal income tax,		alated third			
	25	parties, and other liabilities not included on lines	17-24). Com	olete Part X			
	}	of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>		160785	26	162951
		Organizations that follow SFAS 117 (ASC 958)		■ and	Professional States		
ő	•	complete lines 27 through 29, and lines 33 and	d 34.				医影影的 建
<u>a</u>	27	Unrestricted net assets			866442	27	813304
Ba	28	Temporarily restricted net assets			87424	28	95257
פ	29	Permanently restricted net assets				29	es amais service distributes.
Ę		complete lines 30 through 34.	a), creck here	P [] and			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		,	हार्यक्ष के प्राचीत होती, किया, क्रिकेट विकासी	30	
Set	31	Paid-in or capital surplus, or land, building, or ec				31	
As	32	Retained earnings, endowment, accumulated in				32	
let	33,	Total net assets or fund balances			953866		908561
Z	34	Total liabilities and net assets/fund balances .			1114651		1071511
		•					Form 990 (2017)

Form 9	90 (2017)		F	Page 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		895382
2	Total expenses (must equal Part IX, column (A), line 25)	2		953001
3	Revenue less expenses. Subtract line 2 from line 1	3		-57619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		953866
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		3500
9	Other changes in net assets or fund balances (explain in Schedule O) .7833. T.R. 4 + 981 Plun	9		8814
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1		
	33, column (B))	10		908561
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · · ·	<u>. </u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	plain in	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a	/
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	 dona	2b ✓	
c	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overong the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year, expectation of the second process during the tax year.	ntant?	2c /	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	orth in	3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	go the	3b	
~			Form 99 ((2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 93-1067826 Victor Valley Domestic Violence, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 12f. and 12a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must caticfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (vi) Amount of sted in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	(Complete only if you checked to Part III. If the organization fails to						alify under
Secti	on A. Public Support	5 quality dride	er tille tests he	ited below, p	lease comple	ite rait iii.j	
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	923416		931487	1049808	889221	4607553
2	Tax revenues levied for the organization'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		;				
4	Total. Add lines 1 through 3	923416	813621	931487	1049808	889221	4607553
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)						
6_	Public support. Subtract line 5 from line 4						4607553
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	923416	813621	931487	1049808	889221	4607553
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1451	1654	. 498	515	512	4630
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.)		2600	6545	·` 5610	5649	20404
11							4632587
12	Gross receipts from related activities, etc					12	504(-)(0)
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·			<u> </u>
	on C. Computation of Public Suppor			4(6)	 1	14	99.46 %
14	Public support percentage for 2017 (line			1, COlumn (i))	1	15	99.48 %
15 16a	Public support percentage from 2016 Sci 331/3% support test—2017. If the organi	ization did not	ii, lifte 14 . check the boy				
104	box and stop here . The organization qua						
. b	331/3% support test—2016. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the	e "facts-and-c	ircumstances" stances" test.	test, check t	his box and s	top here.
18	Private foundation. If the organization di	d not check a			, or 17b, check	this box and	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Name o	the organization		Employer identification number
Victor '	Valley Domestic Violence, Inc.		93-1067826
Par		vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	-	
•	only for charitable purposes and not for the bene		
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributio	n in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	te	
C	Number of conservation easements on a certified		
ď	Number of conservation easements included in		
u		,	2d
3	Number of conservation easements modified, trans		
•	tax year ►	o.o., o.o.o.o.o.o, o.o.o.o.o.o.o.o.o.o.o	
4	Number of states where property subject to conse	rvation easement is located	•
5	Does the organization have a written policy re		pection, handling of
•	violations, and enforcement of the conservation ea		
6	Staff and voluntcer hours devoted to monitoring, inspec		
•	L	ang, nanamg or moradone, and emercing o	
7	Amount of expenses incurred in monitoring, inspectir	no handling of violations, and enforcing o	conservation easements during the year
•	►\$	ig, narialing or violations, and officially	, on our case of the case of t
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(ı)
•	and section 170(h)(4)(B)(ii)?		· · · · · · · · · T Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collection		Other Similar Assets.
T CIT	Complete if the organization answered		
10	If the organization elected, as permitted under SF		revenue statement and balance sheet
10	works of art, historical treasures, or other similar	assets held for public exhibition, edi	ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
J	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		.,
	(i) Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	(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 S		
	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		· · · · • •
U	noocio inviducto in Funit 330, Fall A		· · · · · · · · · · · · · · · · · · ·

Part VII	Investments—Other Securities		000 B-+ IV II-	- 11h C F	000 D-4 V II 40
	Complete if the organization ans			T	
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation: of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)					
(B)			 	<u> </u>	
(C) (D)			 		
(E)			 		
(F)					;
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				على ويو المقد في القوال الواقع المقد المقد المقد المقد المقد المقد المقد المقد المقد المقد المقد المقد المقد ا
Part VIII	Investments-Program Related		· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization ans	wered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book value		od of valuation. f-year market value
(1)					
(2)					
(3)	 			<u> </u>	
(4)	<u> </u>				
(5)					·
(6)					
<u>(7)</u>			 		
(8)			 		
	b) must equal Form 990, Part X, col. (B) line 13.)			ি <u>ভা্ৰণ নাৰা চাটি চাট্</u> টা	
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" on For) Description	m 990, Part IV, lin	e 11d. See Form S	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Part X, co	ol (P) line 15)			
	Other Liabilities.)i. (b) iiile 15.)	 	· · · · · · · · · · · · · · · · · · ·	
Part X	Complete if the organization answ	vered "Yes" on For	m 990. Part IV line	e 11e or 11f See	Form 990. Part X
	line 25.			2 110 01 111. 000	
1. (1) Federal in	(a) Description of liability	(b) Book value			
	n times (deed)				19
(2)					
(4)		·			
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (t	n) must equal Form 990, Part X, col. (B) line 25.) 🕨	· · · · · · · · · · · · · · · · · · ·			
2. Liability for	uncertain tax positions. In Part XIII, provide	de the text of the footne	ote to the organization	's financial statement	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page	4

Par	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		11	895382
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			033302
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
ď	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		 	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i i		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		· · · · · L · · L · · · · · · · · · · ·	895382
Part				
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements			953001
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c	N S	
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
C	Add lines 4a and 4b		4c	
-				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.) . .	5	953001
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV	lines 1b and 2b; Part V, line	
Part Provid	XIII Supplemental Information.	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, to provide	lines 1b and 2b; Part V, line any additional information.	e 4; Part X, line

Par	III Organizations Maintaining	Collections of	Art, His	storical	Freasures	, or O	ther Similar /	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	•	ther reco	ords, ched	ck any of th	e follo	wing that are a	significant use of its
а	☐ Public exhibition		ď	☐ Loan	or exchang	ge prog	grams	
b	☐ Scholarly research		e	☐ Othe	7			
c	☐ Preservation for future generation							
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	hey further	the or	ganization's ex	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather							iilar ·
Par			-					
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?							not · Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able:			
						_		Amount
C	Beginning balance					10		
đ	Additions during the year					10		
e	Distributions during the year					10		
f 2a	Ending balance							ty2 T Ves T No
	If "Yes," explain the arrangement in P							
Par		are rain. Oncor nor	0 11 010 0	Apieriacio	THUS DOON	p.ovid	ca carr arran	· · · · <u> </u>
	Complete if the organization	answered "Yes	" on Foi	m 990, F	Part IV, line	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					··		
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs ,							
f	Administrative expenses							
9	End of year balance		<u> </u>				<u></u>	
2	Provide the estimated percentage of t	•	nd baland	æ (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	~~~~~~~~~~	%					in
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶							
3a	The percentages on lines 2a, 2b, and are there endowment funds not in the	·		zation the	et are bold :	and ad	ministered for	tha '
Ja	organization by:	e possession or th	ie organi	Zation the	at are new	anu au	ministered for	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended uses	_	•					(
Part								
	Complete if the organization		" on For	m 990, F	Part IV, line	11a.	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or oth		, , ,	r other basis ther)	de	Accumulated epreciation	(d) Book value
1a	Land	. [58416			58416
ь	Buildings				281118		197256	83862
C	Leasehold improvements				567760		315716	252044
đ	Equipment				118043		97130	20913
ее	Other				77114		62264	14850
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	90, Part)	(, column	(B), line 10	c.)	▶	430085

Schedule D (Fo	rm 990) 2017		Page 5
Part XIII	Supplemental Information (continued)		
		•	
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Victor Valley Domestic Violence, Inc.	93-1067826			
Part VI, Question 18: documents are supplied to those who request them				
Part XI, Prior Period Adjustments: \$3,500 income not recorded in prior year				
Part XI, Other Changes in fund balances: \$7,833 increase in Temporarily Restricted Assets plus a Plug	of \$981 to balance to prior audit Report			
	^			
·				
·				
. ,				
	``			