Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	or the	20 to calefidat year, or tax year beginning 0011 1, 2010 and	anding U	OH 30, 2017				
В	Check if upplicabl	C Name of organization		D Employer identif	ication number			
	_Addre	DOMESTIC ABUSE PROJECT INC						
	Name _chang	Doing business as		41-1	.356278			
]initial return Final	11211201 212 212 212 212 212 212 212 212	Room/suite	E Telephone numbe	9r 874-7063			
L_	Final return termin							
_	ated TAmen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,699,689.			
Ļ	return	MINNEAFORIS, MN 33404		H(a) Is this a group r				
L.	Application		~ ~ ~	for subordinates	···			
	pendi	204 WEST FRANKLIN AVENUE, MINNEAPOLIS,	MN > 5	H(b) Are all subordinates	ncluded? Yes No			
17	Tax-ex	empt status: X 501(c)(3)	527	If "No," attach a	ı list. (see instructions)			
J 1	Nebsi	te: WWW.DOMESTICABUSEPROJECT.COM		H(c) Group exemption	n number			
K	orm of	organization: X Corporation Trust Association Other ▶	L Year	of formation: 1979	M State of legal domicile: MN			
	art I	Summary						
		Briefly describe the organization's mission or most significant activities: THE	GOAL O	F DOMESTIC	ABUSE			
Activities & Governance	١.	PROJECT IS TO END DOMESTIC VIOLENCE USING	A HO	LISTIC APPR	OACH.			
ā		Check this box Lifthe organization discontinued its operations or dispos						
ě	1			1 _	14			
Ğ	1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	14			
9		Number of independent voting members of the governing body (Part VI, line 1b)		F==	<u> </u>			
ë	1			5	44			
₹		Total number of volunteers (estimate if necessary)			45			
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.			
	}		<u> </u>	Prior Year	Current Year			
ල, ග	8	Contributions and grants (Part VIII, line 1h)		1,842,076.	1,619,393.			
ති 204ල Revenue	9	Program service revenue (Part VIII, line 2g)	g	69,388.	80,167.			
~₹	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		231.	129.			
:S C	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8	-19,124.	-19,295.			
\hookrightarrow		Total revenue - add lines 8 through 11 (must equal Rart Vill, column (A); line 12)	T	1,892,571.	1,680,394.			
AUG		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
₹		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,166,722.	1,253,446.			
2 8		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25)	25.		*			
ĕă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		424,052.	341,962.			
5		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	1,590,774.				
2	1	Revenue less expenses. Subtract line 18 from line 12	······ 	301,797.				
≥ SS		Nevertue less expenses. Subtract line 16 from line 12	Ber	inning of Current Year	End of Year			
ets or		Total accide (Dark V. Para 40)	1 50	933,375.				
		Total assets (Part X, line 16)	···· · ├──	216,293.				
Net Ass	21	Total liabilities (Part X, line 26)	····	717,082.	805,621.			
		Net assets or fund balances. Subtract line 21 from line 20		717,002.	003,021.			
	art II			nate and to the best of m	- llodge and halief it is			
		Ities of perjury. I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	, correc	t, and complete speciaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.				
				- 5/41	O			
Sign Date Date								
Her	r e	SARAH CLYNE, EXECUTIVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date Check PTIN							
Paid	d	GARY J. TURNQUIST, CPA GARY J. TURNQUIS		4/18/18 self-employ	_{ed} P00051420			
Pre	parer	Firm's name SMITH, SCHAFER & ASSOCIATES, LTI)	Firm's EIN	41-1489071			
Use	se Only Firm's address 7500 HIGHWAY 55, SUITE 350							
	MINNEAPOLIS, MN 55427 Phone no.952-920-1455							
May	y the II	3S discuss this return with the preparer shown above? (see instructions)	<u> </u>		Yes No			
	01 11-1		ns.		Form 990 (2016)			
	'	The state of the s			· /			

Form	990 (2016) DOMESTIC ABUSE PROJECT INC	41-1356278	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u> </u>
	THE DOMESTIC ABUSE PROJECT DEDICATES ITS RESOURCES TO	BREAKING THE	
		EALTHY AND SAF	E
	RELATIONSHIPS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	16	
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a		Revenue \$ 51,4	464.)
	THERAPY: DAP OFFERS FREE OR SLIDING-SCALE SERVICES FO		
	THE FAMILY AFFECTED BY DOMESTIC ABUSE. THE MEN'S PROG	RAM ASSISTS ME	NI N
	IDENTIFYING THEIR ABUSIVE BEHAVIOR AND PRACTICING NEW		TO
	HANDLE CONFLICT AND PARTICIPATE IN EQUAL RELATIONSHIP		
	PROGRAM ASSISTS VICTIMS IN DEVELOPING SELF-CARE AND P		
	STRATEGIES, AND ACHIEVE SELF-SUFFICIENCY. WOMEN OVERC		
	ASSOCIATED WITH ABUSE. THE YOUTH PROGRAM USES GROUP A		
	THERAPY TO HEAL CHILDREN WHO HAVE BEEN AFFECTED BY AB		
	STOP THE CYCLE OF INTERGENERATIONAL DOMESTIC ABUSE. C		
	ABUSE IS NOT THEIR FAULT, AND THEY ARE NOT ALONE. DAP	SERVED OVER 55	50
	PEOPLE IN ITS THERAPY PROGRAMS DURING THE YEAR.		-
	000 044	·-·	
4b			108.
	ADVOCACY: ADVOCATES PROVIDE FREE, IMMEDIATE ASSISTANCE		ND
	THEIR FAMILIES IN TIMES OF CRISIS. THEY OFFER ESSENTI		
	ABOUT SHELTER, COMMUNITY RESOURCES, INTERVENTION SERV		<u> </u>
	RECOURSE. ADVOCATES FOLLOW UP WITH ALL VICTIMS OF DOM		
	IDENTIFIED BY MINNEAPOLIS POLICE EACH DAY. THEY ARE A		
	CRIMINAL COURT HEARINGS TO OFFER SUPPORT AND INFORMAT	ION TO VICTIMS	OF
	DOMESTIC ABOSE:		
	ADVOCACY PROGRAM SEEKS TO BE ACCESSIBLE AND AVAILABLE	מס המדנים מח	CTC
	INTERVENTION SERVICES TO ALL DOMESTIC ABUSE VICTIMS IN		212
	COMMUNITY. THE CASE MANAGEMENT PROGRAM PROVIDES RESOUR	N NEED IN INE	m –
	CASE PLANNING TO HELP CLIENTS ACHIEVE SAFETY, STABILITY	TV AND MENTAL	<u> </u>
4c	125 074		60.)
70	CASE MANAGEMENT: CASE MANAGERS ARE PART OF AN INTERD	Sevenue \$ 8,4	,
	TREATMENT TEAM, WORKING WITH THERAPISTS AND ADVOCATES		
	SURROUND THE CLIENT WITH COMPREHENSIVE SERVICES TO HE		
	VIOLENCE IN THEIR LIVES AND HAVE HEALTHY, FULFILLING	RELATIONSHIPS.	
	CASE MANAGEMENT SERVICES SUPPORT THE SAFETY AND STABIL	LIZATION NEEDS	OF
	DAP CLIENTS. FAMILIES AFFECTED BY DOMESTIC VIOLENCE OF		
	ACCESS TO RESOURCES TO SUPPORT THEIR BASIC NEEDS. THIS		
	CLIENTS STRUGGLE TO FIND SAFETY AND TO HEAL FROM THE I		
	FIGHTING IN THE FAMILY BECAUSE THEY ARE WORRIED ABOUT	FOOD, SHELTER	
	CLOTHING, AND THEIR PHYSICAL AND EMOTIONAL SAFETY. OF	CEN THE VIOLENC	E
	ITSELF MEANS THAT THEY ARE INELIGIBLE FOR CERTAIN RESC	OURCES. OR THE	
4di	Other program services (Describe in Schedule O.)		
-	(Expenses \$including grants of \$) (Revenue \$	1	
4e	Total program service expenses 1,250,685.		
_			

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Form	gan i	<i>י</i> 2∩1	6)
	330		<u> ~</u>

DOMESTIC ABUSE PROJECT INC

41-1356278`

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Part'IV | Checklist of Required Schedules No Yes Is the Organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes, " complete Schedule A X X Is the Organization required to complete Schedule B, Schedule of Contributors 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, " complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, X 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II 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

Form 990 (2016) DOMESTIC ABUSE PRO
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	\Box		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	ļ		ļ
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
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,"		'	1
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	***	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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		х
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		Х
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	X	L
_	المنظم			

Form 990 (2016) DOMESTIC ABUSE PROJECT INC

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

Is Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable		Check if Schedule O contains a response or note to any line in this Part V			
Enter the number of Forms W2GI included in line 1s. Enter o' If not applicable in				Yes	No
Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calandar year ending with or within the year covered by this per tertum. 2b If at least on to a reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business greas income of \$1.00 or more during the veal*? 3a X bi If Yea, * has it field a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule O 3b L 44 At any time during the calendary year, did the organization have an interest in, or a significant or order authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for thing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for thing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for thing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for the were not tax deductible as charitable contributions are provided to the organization solicit and an expresses statement that such contributions or grits were not tax deductible? If Yea, if the organization that may receive deductible contributions under section 170(c). If the organization received a more subset of the value of the goods or sences provided? If Yea, if the organization received a contri	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	,	
gambling) winnings to prize winners? Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 10 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see Instructions) 30 Did the organization have unrelated business gross incorne of \$1,000 or more during the year? 31 A yr 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 banix account, securities account, or other financial accounts (FEAR). 32 If Yess, and the regamization are prohibited tax shelter transaction have an interest in, or a signature or other authority over, a financial accounts (FEAR). 33 If Yess, and the regamization in the financial accounts (FEAR). 34 If Yess, and the organization in the regamization file of the organization file or securities. 35 If Yess, and the organization in the organization file or masses. 36 If Yess, and the organization in the organization file organization file organization and any contributions that were not tax deductible? 35 If Yess, did the organization in the development of the file organization and the organization file organization file. 36 If Yess, did the organization nebule with every solicitation an express statement that such contributions or gifts were not tax deductible? 37 Organizations that may receive deductible contribution and aparty for poofs and services provided to the payor? 38 If Yess, and did the organization nebular securities of the file organization forest and the organization receives a payment in excess of \$35 mad	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		-	
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least on is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross incrome of \$1,000 or more during the year? 3a X b if Yes, * has if field a Form 990-T for this year? if *No.* to line 3b, provide an explanation in Schedule O 3b A stary time during the calendary 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 Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shellor transaction? 5b Did any taxelial party notify the organization that it was or is a party to a prohibited tax shellor transaction? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shellor transaction? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shellor transaction? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shellor transaction? 5c If Yes, * to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 1770c). 5c If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 1770c). 5d If Yes, * did the organization necessary service and the section 1770c)	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendar year ending with or within the year covered by this return 2a 44 bit at least on he reported on line 2a, did the organization field are required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross incorne of \$1,000 or more during the year? 3b. If Yea, *I not a fried a Form 950 for this year? If "No, *To line 95, provide an explanation in Schedula O 3b. If Yea, *I not a fried a Form 950 for this year? If "No, *To line 95, provide an explanation in Schedula O 3c. If Yeas, *I not the name of the foreign country; level has a bank account, securities account; or other financial accountry? 4c. If Yeas, *I not the name of the foreign country; level has a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as the organization accountry) or a prohibited tax shelter transaction? 5c. If Yes, *I of the Sa or Sb, did the organization that it was or a a party to a prohibited tax shelter transaction? 5c. If Yes, *I of the Sa or Sb, did the organization that it was or a party to a prohibited tax shelter transaction? 5c. If Yes, *I of the Sa or Sb, did the organization that it was or a party to a prohibited tax shelter transaction? 5c. If Yes, *I of the Sa organization end tax deductibles as charitable contributions? 6c. If Yes, *I of the organization shelt may receive deductible contributions and entry that statement that such contributions or gifts were not tax deductible as charitable to orthor. 6c. If Yes, *I officiate the number of Forms 2822 fleed during the year 6c. I		(gambling) winnings to prize winners?	10	-	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yea, * last a filed a Form 990-1 for this year? If 'No, * to Ima 3b, provide an application in Schodule 0 3b 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country, be see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yea, * did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Organizations that may receive deductible contributions under section 170(c). 7c Did the organization shall expressed eductible contributions under section 170(c). 8d If 'Yea, 'did the organization nortly the donor of the value of the goods or servoes provided? 8d If 'Yea, 'indicate the number of Forms 8282 filed during the year 9d If 'Yea, 'indicate the number of Forms 8282 filed during the year 9 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b If the organization received any contribution of qualified intellectual property, did the organization flavor or have a contribution of members, or there where, so did not any		filed for the calendar year ending with or within the year covered by this return		`	
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			8		
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Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		Ĺ
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b 11a 11a	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Section 501(c)(29) qualified nonprofit health Insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10	Section 501(c)(7) organizations. Enter:			,
a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Initiation fees and capital contributions included on Part VIII, line 12			į
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b 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 filling Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health Insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c C Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	11	Section 501(c)(12) organizations. Enter:			·
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders		٠,	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	þ	Gross income from other sources (Do not net amounts due or paid to other sources against			1
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
Section 501(c)(29) qualified nonprofit health Insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · ·	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	Ь	, , , , , , , , , , , , , , , , , , , ,			ĺ
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
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organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	þ			Į	,
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				İ	;
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			10-		Y
					<u> </u>
		ा res, nas π πied a Form /20 το report these payments / ।। Ινο, provide air explanation in Schedule O		990	(2016)

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DOMESTIC ABUSE PROJECT INC

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			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 if the governing			. ^
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			/
b	Enter the number of voting members included in line 1a, above, who are independent			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,
2	officer, director, trustee, or key employee?			X
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_2		<u> </u>
3		_		w
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
100	Did the organization have local chapters, branches, or affillates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		X	
_		11a		, .
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	« ۲
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.5	
	ın Schedule O how this was done	12c	<u> X</u>	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	_X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		٠	
	taxable entity during the year?	16a		X
ь	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 steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь		
Sec	tion C. Disclosure			_
	List the states with which a copy of this Form 990 is required to be filed ►MN			
17		voilat		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallaD	18	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)	_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DOMESTIC ABUSE PROJECT - 612-874-7063			
	204 WEST FRANKLIN AVE. MINNEAPOLIS. MN 55404			_

_			۸.
Form	aan	1201	6)

DOMESTIC ABUSE PROJECT INC

41-1356278

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average		nat cl	heck	more	tion nore than one		Reportable	Reportable	Estimated
	hours per	box.	unles	ss pe	rson	is bot or/trus	han i	compensation	compensation	amount of
	week (list any	\vdash			T	ī		from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC)	from the
	related	10 B O C	stee		1	ensate		(W-2/1099-MISC)	,	organization
	organizations	E I	naí tru		臺	Ĕ.				and related
	below line)	Individual trustee or director	institutional frustee	Officer	Key employee	Highest compensated employee	E .	!		organizations
(1) DARRELL ELLSWORTH	2.50	=	_ . =		Ť	Ŧ.	٣	<u> </u>		
VICE-CHAIR		X		X				0.	0.	0
(2) JESSICA WILEY	2.50					Г	Ι.,			
CHAIR		X		X		L		0.	0.	0 .
(3) JAMIE CHAI	2.50									 -
SECRETARY		X		X	L			0.	0.	0.
(4) DEBORAH KERMEEN	2.50					ļ		_	_ :	_
TREASURER		X		X	L	L	ldash	0.	0.	0
(5) CARRIE ACKERMAN	2.50	_						_		_
DIRECTOR		Х				L	<u> </u>	0.	0.	0
(6) MARY ALBACHTEN	2.50	_			ļ					
DIRECTOR		X			<u> </u>	<u> </u>	_	0.	0.	0.
(7) MARTHA GINDER	2.50	ا ب						•	0.	_
DIRECTOR	2 50	X	\vdash	-	 -	┞	\vdash	0.	0.	0
(8) AMANDA KOONJBEHARRY DIRECTOR	2.50	x						0.	0.	0
(9) CARRIE LINDBERG	2.50	A	\vdash		├			<u> </u>		<u>_</u>
DIRECTOR	2.30	x						0.	0.	0
(10) ROBIN MCPHEARSON	2.50	A	\vdash	Н	\vdash	┝	\vdash			
DIRECTOR	2.30	x			1	1		0.	0.	0.
(11) BRIAN RESTUCCIA	2.50	-			┢	-				
DIRECTOR	1	x			1			0.	0.	0.
(12) SARA SPAFFORD FREEMAN	2.50	П				Г	H			<u> </u>
DIRECTOR	-	x						0.	0.	0.
(13) LAURA ZELLE	2.50	П								
DIRECTOR		x						0.	0.	0.
(14) JAMIE STILSON	2.50	П				Γ				
DIRECTOR		X			L	L	L	0.	0.	0.
(15) SARAH CLYNE	40.00					Γ				
EXECUTIVE DIRECTOR		Ш		X	L	L	Ц	102,252.	0.	0.
		H	-		Ι-	\vdash	H			
			٠ ١		'	1				

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Pari	Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do xod	nat c	Pos heck ss pe	tion more rson		eno h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun	ited it of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	0 6	from to from to ganiza	sation the ation ated
					-						+		
											+		
											+		
	Sub-total								102,252.	-).		0.
C	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	II, Section A	 		 	 	<u> </u>	no ro	0. 102,252.).		0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y er	nplo	yee,	, or	highest compensated e	mployee on		Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com-	um of reportab 0,000? <i>if "Yes,</i> accrue compe	le co " co nsat	mple ion i	ete S from	Sche any	<i>dule</i> unr	e J f	for such individual		. 4		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto						
	(A) Name and business			ONI					(B) Description of s			(C) censati	ion
								_					-

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function husiness revenue revenue 4,609 Federated campaigns 1a **b** Membership dues 1b 203,088 c Fundraising events 10 d Related organizations 1d 840,880. Government grants (contributions) 1e # All other contributions, gifts, grants, and 570,816 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 619,393 Total. Add lines 1a-1f Business Code CLIENT FEES 624100 78,332 78,332 Program Service Revenue 900099 1.835. 1,835. All other program service revenue 80,167. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 129 129. Income from investment of tax-exempt bond proceeds 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) ... d Net rental income or (loss) 7 a Gross amount from sales of (I) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 203,088. of contributions reported on line 1c). See Part IV, line 18 a 19,295. b Less: direct expenses b ,295 c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a h d All other revenue e Total. Add lines 11a-11d 78,332. 680,394. -17,331.Total revenue. See instructions. Form 990 (2016)

Form 990 (2016) DOMESTIC ABUSE PROJECT INC Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mpiece column (A).	
Do n 7b, 8	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			×	
	and domestic governments. See Part IV, line 21				- <u> </u>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			· · · · · · · · · · · · · · · · · · ·	
3	Grants and other assistance to foreign				· · · · · · · · · · · · · · · · · · ·
	organizations, foreign governments, and foreign			· · ·	· · · ·
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				- · · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	102 252	84,772.	6,553.	10,927.
	trustees, and key employees	102,252.	04,114.	0,555.	10,927
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	į			
	persons described in section 4958(c)(3)(B)	1,012,609.	839,500.	64,895.	108,214.
7	Other salaries and wages	1,012,003.	037,300.	04,000	100,214
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	61,926.	51,339.	3,969.	6,618.
9	Other employee benefits	76,659.	63,554.	4,913.	8,192
10	Payroll taxes	70,033.	03,331.	4,513.	0,152
11	Fees for services (non-employees):				
a	Management	32,399.	7,254.	19,976.	5,169.
b	Legal	31,857.	7,133.	19,642.	5,082
	Accounting	31,0371	7,133.	23,0121	3,002
d	Lobbying	· · · · · · · · · · · · · · · · · · ·		× .	
е				-	 .
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	<u> </u>			
g	column (A) amount, list line 11g expenses on Sch O.)	20,847.	13,801.	3,014.	4,032
	· ·	7,506.		500.	3,501
12	Advertising and promotion	71,892.	49,532.	11,405.	10,955
13	Office expenses	, , , , , , ,			
14	Information technology				
15	Royalties	60,688.	52,565.	3,671.	4,452
16	Occupancy	28,766.	24,502.	3,170.	1,094
17	Travel	207.000			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	I				
19 20	Conferences, conventions, and meetings	8,242.		8,242.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,178.	5,122.	396.	660.
23	Insurance	21,223.	17,595.	1,360.	2,268
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.)		, ,	* *	
а	TREATMENT AND TRAINING	19,786.	18,607.	410.	769
a b	MISCELLANEOUS	17,154.	9,318.	7,836.	0 .
C	BANK CHARGES	8,782.	1,135.	7,298.	349
d	BAD DEBT EXPENSE	4,350.		4,350.	
		2,292.	1,451.	598.	243
	All other expenses	1,595,408.	1,250,685.	172,198.	172,525
25 26	Joint costs. Complete this line only if the organization		_,,		
∠ 0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2016

Par	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		· ·· · ·	<u></u>
-			(A) Beginning of year		(B) End of year
$\neg \tau$	1	Cash - non-interest-bearing	296,716.	1	303,322.
ŀ		Savings and temporary cash investments		2	
ì	_	Pledges and grants receivable, net	559,253.	3	641,419.
		Accounts receivable, net	2,251.	4	1,452.
İ		Loans and other receivables from current and former officers, directors,	. `	, .	
		trustees, key employees, and highest compensated employees. Complete		, ^	
ĺ		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			·
	0	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	er in the second of the second	` "	
ļ		employers and sponsoring organizations of section 501(c)(9) voluntary			
_		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	است آملیا به است. به به ا
Assets	-	Notes and loans receivable, net		7	
Ass	7			8	
•	8	Inventories for sale or use	14,022.	9	17,921.
	9	Land, buildings, and equipment: cost or other		,	, , , ,
	10a	basis Complete Bort VI of Schodulo D. 432 . 177	, , , , , , , , , , , , , , , , , , , ,	*	
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 432,177. 10b 382,497.	55,860.	10c	49,680.
	_	2000, 4004, 1	5,273.		0.
	11	Investments · publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets	0.	15	40,089.
	15	Other assets. See Part IV, line 11	933,375.		1,053,883.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,739.	17	18,314.
	17	Accounts payable and accrued expenses	67.000	18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	***	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
jes	22	Loans and other payables to current and former officers, directors, trustees,		ļ	, , ,
Ħ		key employees, highest compensated employees, and disqualified persons.	~~	22	
Liabilities		Complete Part II of Schedule L	140,343.		10,175.
_	23	Secured mortgages and notes payable to unrelated third parties	110/5151	24	120,498.
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	67,211.	25	99,275.
		Schedule D	216,293.		248,262.
	26	Total liabilities. Add lines 17 through 25	220/2301	1 20	
		Organizations that follow SFAS 117 (ASC 958), check here			
98		complete lines 27 through 29, and lines 33 and 34.	280,030.	27	469,650.
au	27	Unrestricted net assets	437,052.		335,971.
Ba	28	Temporarily restricted net assets	23770320	29	33073
D	29	Permanently restricted net assets		125	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here		1	, · · · · · · · · · · · · · · · · · · ·
ğ		and complete lines 30 through 34.	•	20	***
30ts	30	Capital stock or trust principal, or current funds		30	
Ase	31	Paid-in or capital surplus, or land, building, or equipment fund	ļ	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	717,082.		805,621.
Z	33	Total net assets or fund balances	933,375.		1,053,883.
	34	Total liabilities and net assets/fund balances	733,3/3.	34	Form 990 (2016)

Form	990 (2016) DOMESTIC ABUSE PROJECT INC	41-1	356278	Pag	_{3e} 12
Par	t 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 _	1,680	,3	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,595	,4	08.
3	Revenue less expenses. Subtract line 2 from line 1	3	84	, 9	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	717	, 0	<u>82.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8	3	, 5	<u>53.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	805	, 6	<u>21.</u>
Pai	t 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>		<u>X</u>
				Yes	No
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," explain in Schedule	0.		.	- 4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	1 1	٠ ،	
	separate basis, consolidated basis, or both:		1 1	- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			\mathbf{x}	فأسمات
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	♣	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		- [
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		,
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the] _]*	`. 'J	X
	review, or compilation of its financial statements and selection of an independent accountant?		2c	1	^-
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				, ,
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igie Audit	1 1	.	X
	Act and OMB Circular A-133?		3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	rea auan	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36 Form 9	200 /	2016
			rorm s	, JU (ZU 10)

SCHEDULE'A (Form 990 or 990-EZ)

Total

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.

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

OMB No. 1545-0047

Open to Public: Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

				PROJECT INC				41	L-13562/8
Pa	rt l	Reason for Public (Charity Status (4	All organizations must co	mplete th	is part.) Se	e instructions.		
he	organ	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch							
2	一	A school described in secti							1) /
3	一	A hospital or a cooperative		•			in.		
4	Ħ	A medical research organiz						Enter ti	he hospital's name.
4		city, and state:	addit operated in ooi	njanodom mara noopila	4000.1201		•(=)(•)(•,0•,0,)		no morphis o marro,
_	\Box	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit d	lescribe	ad in
5	ш			noge of drillerally owner	2 Or Opera	tou by a g	O VOITH TIOTH CATTLE C	10301100	74 III
_	$\overline{}$	section 170(b)(1)(A)(iv). (C		م حيا أم م والسريد و أم الأسرى الماسية		70/L\/4\/A\	<i>()</i>		
6	묽	A federal, state, or local gov	•						
7	X	An organization that norma	-	ntial part of its support t	rom a gov	emmentai	unit or from the ge	enerai p	oublic described in
	_	section 170(b)(1)(A)(vi). (C							
8	닏	A community trust describe							
9	Ш	An agricultural research org							
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the	college	or
		university:	 .						
10		An organization that norma							
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its su	upport 1	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the organia	zation a	ifter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See :	section 50)9 (a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform 1	the functio	ons of, or to carry o	out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a	a)(3). Ch	neck the box in
		lines 12a through 12d that							
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typic	ally by	giving
		the supported organization							
		organization. You must o							5
h		Type II. A supporting org	•		tion with it	s support	ed organization(s).	bv hav	rina
_		control or management of							
		organization(s). You mus					g		
	. \sqsubset	Type III functionally inte			in connec	tion with a	and functionally in	tearate	d with.
		its supported organizatio						.09	
_		Type III non-functionally						organiz	ration(e)
C	' '	that is not functionally in							
		= -	-					attoritie	7611055
		requirement (see instruct	•	-				!!!	
е) <u> </u>	Check this box if the orga					t type i, type ii, ty	уретп	
		functionally integrated, or			ing organi	zation.			
1		er the number of supported							
9		vide the following information (i) Name of supported	about the supporte	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of mon	etary	(vi) Amount of other
	'	organization	(11)	(described on lines 1-10	in your governi	ng document?	support (see instruc		support (see instructions)
				above (see instructions))	168	NO	· · · · · · · · · · · · · · · · · · ·		
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_							<u></u>		
					<u> </u>				

Schedule A (Form 990 or 990-EZ) 2016 DOMESTIC ABUSE PROJECT INC 41-1356278 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		_		_		
	membership fees received. (Do not						
	include arny "unusual grants.")	1,691,516.	1,498,939.	1,794,387.	1,842,076.	1,619,393.	8,446,311.
2	Tax reversues levied for the organ-	 -		,			- · · · -
	ization's benefit and either paid to		i				
	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	1,691,516.	1,498,939.	1,794,387.	1,842,076.	1,619,393.	8,446,311.
5	The portion of total contributions	x		,) ·	, †2	
	by each person (other than a	,	ž×,	,		· (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	governmental unit or publicly	,	'A' 25	4	*	8, . ` ;	
	supported organization) included	, * }*	*, , , , ,	` ``` \{\alpha^{\alpha}_{\alpha}\}	a e	, ,	
	on line 1 that exceeds 2% of the	**	` ``.	ų, t	,	À	
	amount shown on line 11,	, ,	* *	```,	, "" " ,	·	
	column (f)	- No.	į.	· · · · ·	<u> </u>		
6	Public support. Subtract line 5 from line 4		•			í	8,446,311.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,691,516.	1,498,939.	1,794,387.	1,842,076.	1,619,393.	8,446,311.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	46.	49.	11.	231.	129.	466.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on		ļ			1	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,446,777.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here	······································		<u> </u>		▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	99.99 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.99 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ \\
t	33 1/3% support test - 2015. If the o	organization did no	t check a box on li				s box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ition			. ▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	_		• •		7a, and line 15 is 1	0% or
	more, and if the organization meets th	-				•	
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		•	-	•		
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 DOMESTIC ABUSE PROJECT INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sac	ction A. Public Support	elow, please comp	piete Part II.)			-	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(5) 2010	(0) 2014	(4) 25.0	(0,20.0	 (1/101a)
١	membership fees received. (Do not		1		}	ł	1 /
	include any "unusual grants.")				ļ		/
2	Gross receipts from admissions,					 	₩
4	merchandise sold or services per-	i				/	1
	formed, or facilities furnished in					/	
	any activity that is related to the	1	1				
_	organization's tax-exempt purpose					 	
3	Gross receipts from activities that]		/	
	are not an unrelated trade or bus-					/	
	iness under section 513					 /	
4	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to		,			/	
	or expended on its behalf			<u> </u>		 /	 _
5	The value of services or facilities					/	İ
	furnished by a governmental unit to				ر ا	A .	
	the organization without charge				/	<u> </u>	
6	Total. Add lines 1 through 5				/		
78	Amounts included on lines 1, 2, and	ļ	1		/		
	3 received from disqualified persons				//	<u> </u>	
t	Amounts included on lines 2 and 3 received	1			/		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				/		1
	amount on line 13 for the year						
•	Add lines 7a and 7b		ļ				
	Public support. (Subtract line 7c from line 6.)		c .	х ,	<u>/</u>	<u> </u>	<u></u>
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014 /	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			/	L		<u> </u>
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		/				
11				·			T
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain		1	-			
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)		"				
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a section	on 501(c)(3) organi	zation.
	check this box and stop here		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than:		
	more than 33 1/3%, check this box ar						▶□
L	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20							······
	Private foundation. If the organization	n dio not check a	DOX OF BIR 14, 19	a, UT 19D, CHECK T			0 or 990-EZ) 2016
0320	23 09-21-18				SCN	Annia w (Lollii 22	~ UI 33V-EAJ 4U 10

Part IV | Supporting Organizations

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

Section	A. All	Supporting	Organi	izations

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

	Yes	No
	V	
2	-12' -	Sunt.
3a	ž	
3b		<u>}</u>
3c		
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4b	' , '	,
		, and a second s
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s Appe d	* * * * * * * * * * * * * * * * * * *	, ,
5a 5b	٧, ٠,	'
5c		
6	,	to the state of th
7		1
8		1
9a		
9b		1.5
9c	-	
10a		,
10b		- 1

	1				
che	dule A	(Form 990 or 990-EZ) 2016 DOMESTIC ABUSE PROJECT INC	41-135627	/8 P	age
ar	TIV	Supporting Organizations (continued)		,	
				Yes	10
1		he organization accepted a gift or contribution from any of the following persons?	1	, T	
a	-	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		y, the governing body of a supported organization?	11a	- —	╁.
-		illy member of a person described in (a) above?	11b		╄
		6 controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c	ــــــــــــــــــــــــــــــــــــــ	L,
ec	tion	B. Type I Supporting Organizations		T	_
_				Yes	#
1		ne directors, trustees, or membership of one or more supported organizations have the power to	1	200	1.
	_	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the		***	1
		par? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		١.
		olled the organization's activities. If the organization had more than one supported organization,		×	1
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	~ . Ess.		۱.
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	 	4
2		ne organization operate for the benefit of any supported organization other than the supported			,
	_	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	' '	\ ~~	İ
		// how providing such benefit carried out the purposes of the supported organization(s) that operated,	, ,	. i miset e	
		vised, or controlled the supporting organization.	2		L
ec	tion	C. Type II Supporting Organizations			_
			r——-	Yes	11
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
		nagement of the supporting organization was vested in the same persons that controlled or managed]* :-		1
		upported organization(s).		Щ.	L
ec	tion	D. All Type III Supporting Organizations			Τ-
_				Yes	₽
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the	! *		ŀ
	-	rization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax) ` '	1 2	1
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	. *	-	١.
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	<u> </u>	╀
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 -	, à	
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 :	- 2	ķ.
		rganization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	┸
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a	,		ľ
	signıf	icant voice in the organization's investment policies and in directing the use of the organization's		ŀ	Ŀ
	incon	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-))	Ĭ
		orted organizations played in this regard.	3	<u> </u>	L
ec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see Ins t	tructions).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
þ	닏	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see instructions		_
2		ities Test. Answer (a) and (b) below.		Yes	1
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of	}		1
	the s	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			1
		supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how t	the organization was responsive to those supported organizations, and how the organization determined			١.
	that t	hese activities constituted substantially all of its activities.	2a		L
þ		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			_
	activi	ties but for the organization's involvement.	_ 2b		L
		nt of Supported Organizations. Answer (a) and (b) below.			Γ
3		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			l
	DIG tr				
			3a		1
а	truste	nes of each of the supported organizations? Provide details in Part VI.	3a		-

	dule A (Form 990 or 990-EZ) 2016 DOMESTIC ABUSE PROJECT			1-1356278 Page 6
Pa	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Seci	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T .	\$ 7.	e 4
	instructions for short tax year or assets held for part of year):		÷ , t	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		, , , , , , , , , , , , , , , , , , , ,	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for pnor year (from Section B, line 8, Column A)	3	* *	
4	Enter greater of line 2 or line 3	4	,	
5	Income tax imposed in prior year	5	, ,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		,	
	emergency temporary reduction (see instructions)	6		<u> </u>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	Form 990 or 990-E	<u>z) 2016</u> DOM	ESTIC ABUS	E PROJECT	INC	41-1356278 Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section D, lines 5,	Informatio lines 1, 2, 3b, 3 tion D, lines 2 a	n. Provide the expla 3c, 4b, 4c, 5a, 6, 9a, and 3: Part IV. Sectio	nations required b 9b, 9c, 11a, 11b, n E. lines 1c, 2a, 2	oy Part II, line 10; Part and 11c; Part IV, Sec ≥b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ttion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V, or any additional information.
	(See instructions.)				 	
			-			
						
				 		
						· · · · · · · · · · · · · · · · · · ·
						
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		", "=	·- <u> </u>		-	
						
						
	 			 		
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		. <u> </u>				
32028 09-21-1	6					Schedule A (Form 990 or 990-EZ) 201

SCHEDULE'C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

. ax) (300 0=F					
	01(c)(4), (5), or (6) organizat	tions: Complete Part III.		· · · · · · · · · · · · · · · · · · ·	Employer identification number
Name of orga		C ADUCE DDOTECT	TMO	[1	41-1356278
Bara I A I	Complete if the ere	C ABUSE PROJECT panization is exempt und	TINC	or is a section 5	41-1336276
Part I-A	Complete it the org	janization is exempt und	er section sor(c)	or is a section of	er organization.
		zation's direct and indirect politic			. .
	campaign activity expendit				- \$
3 Voluntee	r hours for political campai	gn activities			
				1/01	
Part I-B		janization is exempt und			
		incurred by the organization und			
		incurred by organization manage		5	
-		n 4955 tax, did it file Form 4720			
					Yes No
b if "Yes,"	describe in Part IV.			awaant aaatian	=04/aV0\
		ganization is exempt und			
		d by the filing organization for se			▶ \$
		ization's funds contributed to ot			_
exempt:	unction activities				▶ \$
3 Total exe		s. Add lines 1 and 2. Enter here a			_
line 17b					
		1120-POL for this year?			
5 Enter the	names, addresses and er	nployer identification number (El	N) of all section 527 po	olitical organizations to	which the filing organization
		tion listed, enter the amount pai			
		omptly and directly delivered to			eparate segregated fund or a
political	action committee (PAC). If	additional space is needed, prov	ride information in Parl	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	
				filing organization	
				funds. If none, ente	delivered to a separate
					political organization.
					if none, enter -0
					
				 	
				 	
				1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 I Part II-A Complete if the organization 501(h)).	OMESTIC AB anization is exe	USE PROJECT npt under section	INC n 501(c)(3) and fil	41-1 ed Form 5768 (el	356278 Page 2 ection under
A Check if the filing organizat expenses, and share	of excess lobbying	liated group (and list in expenditures). nd "limited control" pro		group member's nam	e, address, EIN,
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)	· · · · · · · · · · · · · · · · · · ·		
b Total lobbying expenditures to influ				755.	
c Total lobbying expenditures (add in		, ,		755.	
d Other exempt purpose expenditure	_			1,594,654.	
e Total exempt purpose expenditures	****			1,595,409.	
f Lobbying nontaxable amount. Ente			n columns.	229,770.	
If the amount on line 1e, column (a) or		bying nontaxable amo		- >	
Not over \$500,000	···	the amount on line 1e.			
Over \$500,000 but not over \$1,000		0 plus 15% of the exc		, , ,	~ (~ !
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc		* "x** *	
Over \$1,500,000 but not over \$17,00		O plus 5% of the exces			, , , ,
Over \$17,000,000	\$1,000,0		55 0401 \$1,000,000.		^ * }
Over \$17,000,000	1 \$1,000,1			,	** * }
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y	or less, enter -0- o on either line 1h or rear?	· · · · · · · · · · · · · · · · · · ·	ation file Form 4720	0.	Yes No
(Some organizations th	at made a section 5	eraging Period Under 01(h) election do not l ate instructions for lin	have to complete all	of the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	238,048.	249,948.	229,539.	229,770.	947,305.
b Lobbying ceiling amount (150% of line 2a, column(e))	* ***	,	· * .	- 3 / A	1,420,958.
c Total lobbying expenditures				755.	755.
d Grassroots nontaxable amount	59,512.	62,487.	57,385.	57,443.	236,827.
e Grassroots ceiling amount (150% of line 2d, column (e))				., ·	355,241.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

41-1356278 Page 3

Schedule C (Form 990 or 990 EZ) 2016 DOMESTIC ABUSE PROJECT INC 41-135627

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1l below, provide in Part IV a detailed description	(a)	(I	b)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	, ,	^		
	local legislation, including any attempt to influence public opinion on a legislative matter		, ,		* '
	or referendum, through the use of:		, , ,		
a	Volunteers?				,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				} ^<
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ł			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				,
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 50				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	"No," U	H (b) Par		ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	 cal			
	expenses for which the section 527(f) tax was paid).		-		
а	Current year		2a		
b	Carryover from last year		2b		
c	Total				-
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		·	-	
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		,		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
_	t IV Supplemental Information	- · · · · · · · · · · · · · · · · · · ·			
_		P-4\- D4 I	I A Para da		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.) ((St); Part I	I-A, lines 1 a	.na 2 (see	
	,				
_					

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 16

Open to Public :: Inspection

Name of the organization DOMESTIC ABUSE PROJECT INC Employer identification number 41-1356278

Schedule D (Form 990) 2016

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the					
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisord funds are the organization inform all dranters and not one organization is exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation assements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a histonically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements									
Aggregate value of contributions to (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total arcaege restricted by conservation easements Total arcaege restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year purpose of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year purpose of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year purpose of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose			(a) Donor advised funds	(b) Funds and other accounts					
2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of poen space 2 Complete lines 2s through 2sl if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure late in the National Register Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states wh	1	Total number at end of year							
Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	2								
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of an atural habitat Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2x through 2x if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 Complete if the organization in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	3	Aggregate value of grants from (during year)							
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of an atural habitat Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2x through 2x if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 Complete if the organization in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	4	Aggregate value at end of year		 -					
B Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space	5			sed funds					
B Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space		are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1	6								
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(8)(ii) and section 170(h)(4)(8)(ii) and section 170(h)(4)(8)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Hist		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified histone structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f) ? Per III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.									
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I held at the End of the Tax Yea Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Amount of expenses incurred in monitoring, inspecting, handling of violatio	Pa	irt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.					
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).						
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f)(f)		Preservation of land for public use (e.g., recreation or e	education) — Preservation of a hist	toncally important land area					
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Yea		Protection of natural habitat	Preservation of a cert	trfied historic structure					
day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		Preservation of open space							
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listed in the National Register	C	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	C		after 8/17/06, and not on a historic struct	rure					
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ 5		· · · · · · · · · · · · · · · · · · ·							
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and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,	_								
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,	9		•	· · · · · · · · · · · · · · · · · · ·					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,			tion's financial statements that describes	the organization's accounting for					
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,	Pa		f Art Historical Treasures or O	ther Similar Accets					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,	<u> </u>		•	alci olillai Assetsi					
	12			ment and halance short works of art					
		-							
the text of the footnote to its financial statements that describes these items.				alco of public service, provide, arr arr XIII,					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical	h			t and balance sheet works of art, historical					
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount	Ī								
relating to these items:			addation, or research in furtherance of pu	Die Service, provide die lonowing amounts					
(i) Revenue included on Form 990, Part VIII, line 1				L ¢					
/m A		400 4							
(II) Assets included in Form 990, Part X > \$	2	• • • • • • • • • • • • • • • • • • • •							
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-	_		a Gent, Movida					
Down to the State of the State	2	Day of the state o		. ¢					
· · · · · · · · · · · · · · · · · · ·	-	Associated to the transfer of		· • • • • • • • • • • • • • • • • • • •					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		C ABUSE PR				Oth			562/8	
Par										
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	cany of the	following tha	ntare a s	significant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	ıЩı	Loan or exc	hange progra	ams				
ь	Scholarty research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizati	on's exe	mpt num	ose in Par	t XIII.	
5	During the year, did the organization solicit of	•		-	_				. ,	
•	to be sold to raise funds rather than to be m								Yes	□ No
Da	t IV Escrow and Custodial Arran							Doct IV		
rai	reported an amount on Form 990, Pa		are II IIIe	Ur yar nzatic	ni answered	res or	1 -01111 33	U, Part IV,	iirie s, or	
			diami dan							
1a	Is the organization an agent, trustee, custod		-				i inciuaea		٦.,	гэ
	on Form 990, Part X?				···········		· · · · · ·	🖵	Yes	LJ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
									Amount	
C	Beginning balance						_1c			
d	Additions during the year						. [1d]			
	Distributions during the year						. 1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	unt liab	irty?		Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanatio	n has beer	provided on	Part XII	J			
Par										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ears back
10	Beginning of year balance	(a) canoni year			(4)		1-1		(0) (00.)	
Id.					 -					
	Contributions				}					
C	Net investment earnings, gains, and losses				 					
đ	Grants or scholarships	ļ -			 					
e	Other expenditures for facilities									
	and programs				ļ		_			
f	Administrative expenses				L					
g	End of year balance		L	 	<u> </u>					
2	Provide the estimated percentage of the cur	tent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%	_							
c	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
32	Are there endowment funds not in the posse		ation tha	t are held a	and administe	red for t	he omani	zation		
-	by:								√	es No
	(i) unrelated organizations								3a(i)	55 110
	(II) valeted averagedians					••• •• ••				
	(ii) related organizations							• • •	3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza				·		• •• •••		3b	
4	Describe in Part XIII the intended uses of the		owment i	unas.						
Pal	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere									
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Book v	alue .
		basis (investr	nent)		(other)	de	preciation			
1a	Land				7,750.				27	,750.
ь	Buildings				7,270.		157,2	70.		0.
	Leasehold improvements				2,544.		145,0	10.	17	,534.
	Equipment				4,613.		80,2		4	,396.
	Other									
_	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X. colun	nn (B), line 1	10c.)			-	49	,680.
	<u></u>	gam , on or or or all	ry coluit	, , , , , , , , , , , , , , , , , ,						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(6) (7) (8)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 X Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 DOMESTIC ABUSE PROJECT INC	41-	1356278 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,705,767.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
0	Add lines 2a through 2d	2е	25,373.
3	Subtract line 2e from line 1	3	1,680,394.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	,	
þ	Other (Describe in Part XIII.)	/	0
C	Add lines 4a and 4b	4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,680,394.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1,620,782.
1	Total expenses and losses per audited financial statements	1	1,020,702.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 25,373.	l.	
а	-		
b	Prior year adjustments 2b		
C	1		
d	Other (Describe in a chair)	2e	25,374.
θ		3	1,595,408.
3	Subtract line 2e from line 1	ائا	1,000,1001
4	to the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the second section of the second section of the section of the second section of the section		
a	4b	†	
b		4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,595,408.
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	•	
,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		
PA	RT X, LINE 2:		
TH	E ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SEC	TIO	N 501(C)(3)
			ng Nom Day
<u>OF</u>	THE INTERNAL REVENUE CODE. AS A RESULT, THE ORGANIZATION	טע	ES NOT PAY
	DED T THOUGH MAY MURDERODE NO DROVICTON OR ITARTITMY POR	55	זגמפח
FE	DERAL INCOME TAX. THEREFORE NO PROVISION OR LIABILITY FOR	. FE.	DEKAL
T 3.7	COME MAYER HAR DEEM INCHINED IN MUE EINAMCIAL CMAMEMENIMO		
TN	COME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.		
MX	NAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAV	TR A	VV
MA	NAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAV	<u> </u>	N 1
TTN	CERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS	тH	አ ጥ
OIN	CERTAIN TAX POSITIONS AND ADDOCTATES ONNECOGNIZED SENSETTE		
мъ	TERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLO	SUR	ES.
	THE PERSON OF THE PROPERTY OF		
TН	E ORGANIZATION'S FEDERAL INFORMATIONAL RETURNS ARE SUBJECT	то	
EX	AMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY	WE	RE FILED.
	SA OR 20.10		tule D (Form 990) 2016

Schedule D (Form 990) 2016 Part XIII Supplemental Info	DOMESTIC ABUSE PROJECT INC	41-1356278 Page 5
Part XIII Supplemental Info	ormation (continued)	
PART XII, LINE 2D	- OTHER ADJUSTMENTS:	
ROUNDING		1.
		
		-
		
		
 		
		
······································		
		Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number DOMESTIC ABUSE PROJECT INC 41-1356278 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events C J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? __ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

		le G (Form 990 or 990-EZ) 2016 DOMESTI	C ABUSE PROJ	ECT INC		-1356278 Page 2		
Pa	rt I	- I						
_	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events							
1		ı		l	NONE	(add col. (a) through		
į		,	LUNCHEON (event type)	(event type)	(total number)	col. (c))		
휠			(event type)	(CVGIII I)PO)	(total namber)			
Revenue	1	Gross receipts	203,088.			203,088.		
ш.	2	Less: Contributions	203,088.			203,088.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes	 		<u></u>			
_s	5	Noncash prizes	ļ	<u> </u>				
bense	6	Rent/facility costs	1,300.			1,300.		
Direct Expenses	7	Food and beverages	13,470.			13,470.		
莅	8	Entertainment						
	9	Other direct expenses	4,525.			4,525.		
	10	Direct expense summary. Add lines 4 through	• • • • • • • • • • • • • • • • • • • •			19,295.		
11 Net income summary. Subtract line 10 from line 3, column (d)								
		\$15,000 on Form 990-EZ, line 6a.						
9			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	bingo/progressive bingo (c) Other gaming							
æ	1	Gross revenue						
Ses	2	Cash prizes	 	 		 		
Direct Expenses	3	Noncash prizes			 	 		
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	Yes							
6 Volunteer labor No No No								
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	<u> </u>	<u></u>		
	_	And the state of t						
	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No							
	b If "No," explain:							
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No		
b	If "	Yes,* explain:						
6320	32 01	9-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016		

Sch	nedule G (Form 990 or 990-EZ) 2016 DOMESTIC ABUSE PROJECT INC 4:	L-1356278	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	• • •	
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
17	Circle file immediate and an experience with biothers and a Samuel Samue		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŧ	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party > \$		
	c If "Yes," enter name and address of the third party:		
	- in vari		
	Name		
	Address >		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne	
	organization's own exempt activities during the tax year > \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9b, 10	b, 15b,
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
_			
			
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Schedule G	(Form 990 or 990-EZ)	DOMESTIC ABUSE rmation (continued)	PROJECT	INC	41-1356278 Page 4
Part IV	Supplemental Info	rmation (continued)			
					
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					Schedule G (Form 990 or 990-EZ)

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SCHEDULE O' (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2016 Open to Public

Inspection -

Name of the organization

DOMESTIC ABUSE PROJECT INC

Employer identification number 41-1356278

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
HEALTH CARE. 96% OF WOMEN AND YOUTH CLIENTS DISCUSS A SAFETY PLAN WITH
AN ADVOCATE OR THERAPIST. SAFETY PLANS ARE A KEY PROTECTIVE FACTOR FOR
AVOIDING ABUSE IN THE FUTURE. OF THE MEN WHO COMPLETE THE MEN'S
PROGRAM, OVER 90% DO NOT REOFFEND. DAP SERVED OVER 1,800 PEOPLE IN ITS
ADVOCACY PROGRAMS DURING THE YEAR.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FINANCIAL ABUSE HAS RENDERED THEM AT THE MERCY OF A
DIFFICULT-TO-NAVIGATE SOCIAL SERVICE SYSTEM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS FIRST REVIEWED BY INTERNAL STAFF (FINANCE MANAGER AND EXECUTIVE
DIRECTOR), THEN SENT TO THE FINANCE COMMITTEE FOR APPROVAL, FOLLOWED BY THE
FULL BOARD OF DIRECTORS VOTING TO APPROVE THE 990 IN A BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
ONCE EACH YEAR, AT A MEETING OF THE FULL BOARD, BOARD MEMBERS ARE REQUIRED
TO COMPLETE A CONFLICT OF INTEREST FORM THAT DISCLOSES ANY RELATIONSHIPS
WHICH COULD POTENTIALLY CONFLICT WITH THEIR DUTIES AS A MEMBER OF THE DAP
BOARD OF DIRECTORS. ANY BOARD MEMBERS NOT IN ATTENDANCE AT THAT MEETING
COMPLETE AND RETURN THE FORM FOLLOWING THE MEETING.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR'S SALARY WAS BASED ON:

- A COMPARISON TO OTHER EXECUTIVE DIRECTOR SALARIES FROM 990 TAX RETURNS IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization DOMESTIC ABUSE PROJECT INC	Employer identification number 41-1356278
GUIDE STAR FOR A LARGE SAMPLING OF SIMILAR MISSION ORGANI	ZATIONS IN THE
TWIN CITIES	
- A COMPARISON TO THE MINNESOTA COUNCIL OF NON PROFITS SA	LARY SURVEY FOR
SIMILAR SIZED ORGANIZATIONS BASED ON TOTAL BUDGET	
THE BOARD AGED THE DATA WHERE APPROPRIATE SO THAT IT WAS	A CONSTANT
COMPARISON AND DETERMINED A SALARY RANGE BASED ON AN ANAL	YSIS OF THE DATA.
FORM 990, PART VI, SECTION C, LINE 19:	
SUMMARY FINANCIAL DATA IS AVAILABLE ON DAP'S WEBSITE. PO	LICIES AND OTHER
GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION U	PON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AN	D THE
ASSUMPTION OF RESPONSIBILITY FOR THE FINANCIAL STATEMENT	HAS NOT
CHANGED.	
	-

632212 08-25-16

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