

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

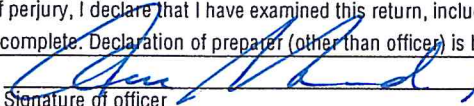
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE, INC.		D Employer identification number 30-0681646	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	3605 VARTAN WAY	101	800-537-2238	
City or town, state or country, and ZIP + 4 HARRISBURG, PA 17110		G Gross receipts \$ 2,638,149.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: ANNE MENARD SAME AS C ABOVE				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				If "No," attach a list. (see instructions)
J Website: ▶ WWW.NRCDV.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2011	M State of legal domicile: PA

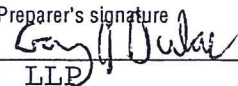
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WORKS TO IMPROVE SOCIETAL AND COMMUNITY RESPONSES TO DOMESTIC VIOLENCE AND,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	13
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		2,573,998.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44,666.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		161.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,324.
			2,638,149.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,059,156.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,537,710.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,596,866.	
19 Revenue less expenses. Subtract line 18 from line 12		41,283.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		405,117.
	22 Net assets or fund balances. Subtract line 21 from line 20		363,834.
			41,283.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 8/13/2013
	Type or print name and title ANNE MENARD, EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name GARY J. DUBAS	Preparer's signature 	Date 8/12/13	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00252339
	Firm's name ▶ MCKONLY & ASBURY, LLP	Firm's EIN ▶ 23-1909723	Firm's address ▶ 415 FALLOWFIELD ROAD CAMP HILL, PA 17011		
					Phone no. 7177617910

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No