

Form **990**

OMB No 1545-0047

**2005**Department of the Treasury  
Internal Revenue Service**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)

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

**Open to Public  
Inspection**

<b>A</b> For the 2005 calendar year, or tax year beginning , and ending		<b>C</b> Name of organization <b>MEN STOPPING VIOLENCE, INC.</b>		<b>D</b> Employer identification no. <b>58-1618891</b>
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>533 WEST HOWARD AVENUE STE. C</b>		<b>E</b> Telephone number <b>404-270-9894</b>
		City or town, state or country, and ZIP + 4 <b>DECATUR GA 30030</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual - <input type="checkbox"/> Other (specify) _____
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>H</b> and are not applicable to section 527 organizations: <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(c)</b> Are all affiliates included? (If "No," attach a list. See instr.) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>G</b> Website: ▶ <b>MENSTOPPINGVIOLENCE.ORG</b>		<b>I</b> Group Exemption Number ▶
<b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)		
<b>K</b> Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.		<b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <b>553,260</b>		

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	149,143	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 149,143 noncash \$ )	1d	149,143	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	391,454	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	1,313	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	1,650	
b	Less: rental expenses				
c	Net rental income	6c	1,650		
7	Other investment income	7			
8a	Gross amount from sales of inventory in excess of cost				
b	Less: cost or other basis				
c	Gain or (loss) from sales of inventory				
d	Net gain or (loss) from sales of inventory	8d			
9	Special events				
a	Gross revenue (not including \$ 44,300 of contributions reported on line 1a)	9a	9,700		
b	Less: direct expenses other than fundraising expenses	9b	16,074		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-6,374		
10a	Gross sales of inventory less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 903)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	537,186		
<b>Expenses</b>	13	Program services (from line 14, column (B))	13	440,182	
	14	Management and general (from line 14, column (C))	14	52,655	
	15	Fundraising (from line 14, column (D))	15	56,184	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	549,021	
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-11,835	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	256,956	
	20	Other changes in net assets or fund balances (attach explanation)	20	-5,152	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	239,969	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2005)

415 20

UNFORTUNATELY, the IRS FORM 990 changed in 2008. Now no line-item detail of source of the Program Service Revs prompt "gov't fees and contracts" as it does (Ln1) for gov't contributions (now reported on Pt. VIII Line 2). Pre-2008, it didn't solicit revenues from program service accomplishment pages either, just expenses.

**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule) <b>MAIN EXPENSE = THEIR OWN EMPLOYEES.</b>	24				
25 Compensation of officers, directors, etc	25	167,409	124,480	12,265	30,664
26 Other salaries and wages	26	159,068	148,579	8,943	1,546
27 Pension plan contributions	27				
28 Other employee benefits	28	23,165	19,375	1,505	2,285
29 Payroll taxes	29	22,793	19,063	1,481	2,249
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	11,189	8,616	1,119	1,454
34 Telephone	34	6,745	5,193	675	877
35 Postage and shipping	35	2,845	2,190	285	370
36 Occupancy	36	42,826	35,118	3,854	3,854
37 Equipment rental and maintenance	37	5,319	4,788	266	265
38 Printing and publications	38	3,656	2,815	366	475
39 Travel	39	18,137	11,971	3,083	3,083
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	3,732	3,358	187	187
43 Other expenses not covered above (itemize).					
a SEE STATEMENT 2	43a	82,137	54,636	18,626	8,875
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	549,021	440,182	52,655	56,184

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**► PREVENT BATTERING OF WOMEN**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

<b>a MEN'S INTERVENTION PROGRAM - INTERVENES WITH MORE THAN 2,000 INDIVIDUAL MEN WHO BATTER EACH YEAR THROUGH TELEPHONE CONTACTS, ORIENTATION CLASSES, COURTROOM INTERVENTIONS, 24 WEEK CLASSES, PARENTING CLASSES, AND AN ONGOING COMMUNITY RESTITUTION PROGRAM FOR ELIGIBLE MEN WHO COMPLETE THE PRIMARY CLASS.</b> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>165,176</b>
<b>b SEE STATEMENT 3</b>          (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>131,190</b>
<b>c OUTREACH AND EDUCATION - MSV EDUCATES THE PUBLIC THROUGH PRESENTATIONS FOR SCHOOLS, UNIVERSITIES, WORK PLACES, FAITH COMMUNITIES AND CIVIC GROUPS. MSV INFLUENCES PUBLIC POLICY THROUGH ALLIANCES WITH OTHER NATIONAL AND LOCAL ADVOCACY ORGANIZATIONS. MSV PROVIDES BACKGROUND INFORMATION AND INTERVIEWS FOR REPORTERS.</b> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>143,816</b>
<b>d</b>          (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule) SEE STMT 4</b> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>440,182</b>

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*IT DOES. HOWEVER I SEE MGMT + FUNDRAISING columns were about 1/4 of Functional expenses, or 25% of the Total*

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash-non-interest-bearing	123,911	45	89,376
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 8,317		
	b Less allowance for doubtful accounts	47b	47c	8,317
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	18,622	49	34,239
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,829	53	5,543
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments-land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 63,490			
b Less accumulated depreciation (attach schedule)	57b 53,689			
58 Other assets (describe <input checked="" type="checkbox"/> SEE STATEMENT 5 (which references a "SPLIT-INTEREST AGREEMENT" but doesn't say with whom))	13,533	57c	9,801	
	101,766	58	96,614	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	262,422	59	243,890	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	5,466	60	3,921
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65	5,466	66	3,921
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	96,190	67	128,324
	68 Temporarily restricted	160,766	68	111,645
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	256,956	73	239,969
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	262,422	74	243,890

### Part IV-A

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

Instructions:			Part I	
<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	537,186
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		<b>b</b>	
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	537,186
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		<b>d</b>	
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	537,186

## Part IV-B

## Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Reconciliation of expenses per audited financial statements with expenses per return			
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	<b>549,021</b>
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17.		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	<b>549,021</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify)	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	<b>549,021</b>

## Part V-A

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

[illegible]

Yes	No
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75b		X
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75c		<b>X</b>
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75d	X
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Yes	No
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76		X
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77		X
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78a	X
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78b		
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79		X
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80a	X
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81b	X
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**Part VI Other Information (continued)**

	Yes	No
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>83b</b>		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>		
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b> Dues, assessments, and similar amounts from members		
<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures		
<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>85h</b>		
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>86b</b>		
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
<b>87a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>89a</b> 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>		
<b>b</b> 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>89b</b>		
<b>c</b> Enter. Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>d</b> Enter. Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b> List the states with which a copy of this return is filed <b>GA</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		<b>8</b>
<b>90b</b>		
<b>91a</b> The books are in care of <b>SHELLEY SERDAHELY</b> <b>533 WEST HOWARD AVENUE C</b> Located at <b>DECATUR, GA</b>		
Telephone no <b>404-688-2568</b>		
ZIP + 4 <b>30030</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>X</b>
<b>91c</b>		
<b>c</b> If "Yes," enter the name of the foreign country		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PARTICIPANT FEES					50,028
b TRAINING FEES					29,430
c <u>MANUALS &amp; LITERATURE</u>					989
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					311,007
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,313	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	1,650	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-6,374	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	-3,411	391,454
105 Total (add line 104, columns (B), (D), and (E))					388,043

Doesn't 93c belong under 102, gross profit or loss from sales of assets other than inventory? If not being sold, then what other activity involving "Manuals & Literature" is referenced?

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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 knowledge.
	Signature of officer <u>SHELLY SERDAHELY</u> Type or print name and title
Paid Preparer's Use Only	Preparer's signature <u>LINDA E. BERGGREN</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GIFFORD, HILLEGASS</u> <u>1200 ASHWOOD PARKWAY</u> <u>ATLANTA, GA 30338</u>



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**Supplementary Information-(See separate instructions.)****2005**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**MEN STOPPING VIOLENCE, INC.**

Employer identification number

**58-1618891****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2005

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	<b>1</b> <b>X</b>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	288,706	126,866	169,509	159,754	744,835
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	360,113	187,753	178,932	188,434	915,232
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	680	608	1,664	3,024	5,976
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	649,499	315,227	350,105	351,212	1,666,043
<b>24</b> Line 23 minus line 17	289,386	127,474	171,173	162,778	750,811
<b>25</b> Enter 1% of line 23	6,495	3,152	3,501	3,512	
<b>26</b> Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 15,016
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 147,620
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 750,811
d Add Amounts from column (e) for lines:					
18 5,976					26d 153,596
22					26e 597,215
e Public support (line 26c minus line 26d total)					26f 79.5427%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person."					
Do not file this list with your return. Enter the sum of such amounts for each year:					N/A
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					N/A
(2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines:					
15					27c
17					27d
20					27e
d Add Line 27a total. and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0
41 Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount		97,449	61,195	79,070	237,714
46 Lobbying ceiling amount (150% of line 45(e))					356,571
47 Total lobbying expenditures			1,000	9,440	10,440
48 Grassroots nontaxable amount		24,362	15,299	19,768	59,429
49 Grassroots ceiling amount (150% of line 48(e))					89,144
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence 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 through c h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e 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 other means
- i Total lobbying expenditures (Add lines through c h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) **Cash**

(ii) Other assets

**b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		<b>X</b>
a(ii)		<b>X</b>
b(i)		<b>X</b>
b(ii)		<b>X</b>
b(iii)	—	<b>X</b>
b(iv)		<b>X</b>
b(v)		<b>X</b>
b(vi)		<b>X</b>
c		<b>X</b>

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

[illegible]



581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

FYE: 12/31/2005

## Federal Statements

### Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
CHANGE IN SPLIT- INTEREST AGREEMENT	\$ -5,152
TOTAL	<u>\$ -5,152</u>



581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

**Federal Statements**

FYE: 12/31/2005

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
EXPENSES				
PROFESSIONAL FEES	23,442	6,736	16,706	
STAFF AND BOARD DEVELOPMENT	2,383	1,102		1,281
MEMBERSHIP AND FEES	3,162	1,971	400	791
INSURANCE	6,117	4,710	612	795
OTHER EXPENSES	6,916		908	6,008
TRAINING	25,844	25,844		
INTERN STIPEN	14,273	14,273		
TOTAL	<u>\$ 82,137</u>	<u>\$ 54,636</u>	<u>\$ 18,626</u>	<u>\$ 8,875</u>

581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

## Federal Statements

FYE: 12/31/2005

### **Statement 3 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**

#### Description

TRAINING FOR PROFESSIONALS - TRAINS LEGAL, CRIMINAL JUSTICE AND MILITARY PERSONNEL, HEALTH AND MENTAL HEALTH PRACTITIONERS, CLERGY, EMPLOYERS AND OTHER LEADERS NATIONALLY AND LOCALLY. TRAINING IS GEARED TOWARD INFLUENCING THOSE CULTURE-INFORMING INSTITUTIONS THAT CAN SHOE HOW INDIVIDUAL AND POLICY CHOICES ARE MADE. TRAINING TAKES THE FORM OF WORKSHOPS, CONTRACTED TRAININGS, AND KEYNOTE AND GUEST SPEAKING APPEARANCES. MSV EDUCATES THE PUBLIC THROUGH PRESENTATIONS FOR SCHOOLS, UNIVERSITIES AND WORK PLACES, FAITH COMMUNITIES AND CIVIC GROUPS, AND THROUGH BROADCAST MEDIA APPEARANCES. MSV TRAINS MEN WHO WANT TO BECOME ACTIVE AGENTS FOR CHANGE THROUGH A VARIETY OF INTERNSHIP OPPORTUNITIES.

### **Statement 4 - Form 990, Part III, Line e - Other Program Services**

#### Description

581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

FYE: 12/31/2005

## Federal Statements

### Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
SPLIT-INTEREST AGREEMENT	\$ 95,766	\$ 90,614
SECURITY DEPOSIT	6,000	6,000
TOTAL	\$ 101,766	\$ 96,614

581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

FYE: 12/31/2005

**Federal Statements****Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
SHELLEY SERDAHELY	7530 SPALDING LANE DUNWOODY GA 30350	EXEC. DIR.	40	61,327	3,851	0
ULESTER DOUGLAS	PO BOX 2871 DECATUR GA 30031	DIR OF TRNG	40	53,935	3,851	0
DICK BATHRICK	1307 IVERSON STREET ATLANTA GA 30307	DIR OF PRGMS	40	52,146	3,851	0
CHARLES BRAZIL	ATLANTA GA	BOARD MEMBER	NIL	0	0	0
ANGELIQUE L. BURKE	2968 LEVEL RIDGE RD. ATLANTA GA 30354	BOARD MEMBER	NIL	0	0	0
ANDREA K. CARTER	1478-D SPRINGLEAF CIRCLE SMYRNA GA 30080	BOARD MEMBER	NIL	0	0	0
CHRISTIANNE CURRAN	ATLANTA GA	BOARD MEMBER	NIL	0	0	0
JOHN A. DAVIS	1327 NORTHVIEW AVE. ATLANTA GA 30306	BOARD MEMBER	NIL	0	0	0
DENNIS BERNARSIE	513 PARKER AVE. DECATUR GA 30032	BOARD MEMBER	NIL	0	0	0
BERENECEA JOHNSON	ATLANTA GA 30303	BOARD MEMBER	NIL	0	0	0
REED KIMBROUGH	ATLANTA GA 30303	BOARD MEMBER	NIL	0	0	0
JUDY O'BRIEN	ATLANTA GA 30306	BOARD MEMBER	NIL	0	0	0
CYNTHIA NEAL SPENCE	1283 N.MORNINGSIDE DR. NE ATLANTA GA 30306	BOARD MEMBER	NIL	0	0	0
CLAUDE BEAUDRY	845 WINDCREST PLACE ALANTA GA 30331	BOARD MEMBER	NIL	0	0	0
SUSAN AYDLOTTE	3256 EAGLE WATCH DR ATLANTA GA 30305	BOARD MEMBER	NIL	0	0	0
JASMINE WILLIAMS	1504 COUNTRY SQUIRE COURT DECATUR GA 30033	VICE PRES.	NIL	0	0	0
JOHN HINSHAW	795 EDENBERRY LANE LITHONIA GA 30058	PRESIDENT	NIL	0	0	0
	1 VERIZON PLACE ALPHARETTA GA 30004	TREASURER	NIL	0	0	0

581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

FYE: 12/31/2005

## Federal Statements

### Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
DAWN LASUSKY	ATLANTA GA 30312	713 GLENWOOD AVE SE	SECRETARY	NIL	0	0	0
SIDNEY R. BARRETT, JR.	3197 WILTSHIRE DRIVE	AVONDALE ESTATES GA 30002	BOARD MEMBER	NIL	0	0	0

581618891 MEN STOPPING VIOLENCE, INC.

58-1618891

## Federal Statements

FYE: 12/31/2005

### Statement 7 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	CLASSES FOR BATTERERS, INDIVIDUALS, AND GROUPS TO NOT BATTER.
93B	TRAINING FOR PROFESSIONALS WHO DEAL WITH DOMESTIC VIOLENCE.
93C	MANUALS & LITERATURE PROVIDE INFORMATION REGARDING DOMESTIC VIOLENCE TO EDUCATE
93G	REGION CONTRACT FEES FOR CLASSES AND TRAININGS FOR BATTERERS.

Form **4562**  
(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2005**Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**MEN STOPPING VIOLENCE, INC.**

Identifying number

**58-1618891**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>105,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>420,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>3,732</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	<b>3,732</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

Form **8868**

(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>MEN STOPPING VIOLENCE, INC.</b>	Employer identification number <b>58-1618891</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>533 WEST HOWARD AVENUE STE. C</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DECATUR GA 30030</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SHELLEY SERDAHELY**

Telephone No. ▶ **404-688-2568**

FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year **2005** or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)