

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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|---|-------------|--|---------------------|-------------------|---------------------|--------------------------------|
| <u>A</u> _ | | | 2017, and end | | 731 | , 20 17 |
| В | | applicable: C Name of organization DOMESTIC VIOLENCE LEGAL EMPOV | NERMENT AND | O APPEALS P | D Employ | er identification number |
| Н | Address | | | | ==::. | 20-1076297 |
| 닏 | Name ch | · • | rss) Room/s | suite | E lelephoi | ne number |
| Ц | Initial ret | | | | | 202-994-7586 |
| Ц | Final retui | m/terminated City or town, state or province, country, and ZIP or foreign postal cod | ie | | | |
| | Amende | | · <u></u> | | G Gross re | |
| Ц | Applicati | on pending F Name and address of principal officer Lee Ann De Reus | ~1 | | | subordinates? Yes No |
| | | 2000 G Street NW Suite 413, Washington, DC 20052 | 7 | | | s included? Yes No |
| <u></u> | | mpt status | a)(1) o(1 52# | | • | ee instructions) |
| <u>J</u> _ | Website | | | H(c) Group | T | |
| _ | | organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► | L Year of form | ation 2004 | M State | of legal domicile DC |
| Ρ | art I | Summary | | | | |
| | 1 | Briefly describe the organization's mission or most significant act | | | | |
| Governance | | domestic violence by fighting to overturn unjust court outcomes, ad | lvancing legal (| protections for | victims | of domestic violence |
| па | | (Continued on Schedule O, Statement 2) | ••••• | | | |
| ě | 2 | Check this box ▶ ☐ if the organization discontinued its operation | • | of more than | 4 . 1 | its net assets |
| Ğ | 3 | Number of voting members of the governing body (Part VI, line 1a | | | 3 | 8 |
| og ∨ | 4 | Number of independent voting members of the governing body (F | |) | 4 | 8 |
| ite | 5 | Total number of individuals employed in calendar year 2017 (Part | V, line 2a) | | 5 | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 110 |
| Ř | 7a | Total unrelated business revenue from Part VIII, column (C), | UEIMEL |) • • • • | 7a | 0 |
| | b | Total unrelated business revenue from Part VIII, column (C), Net unrelated business taxable income from Form 990-T, line 34- | . . | <u> </u> | 7b | 0 |
| | | l l | | | | Current Year |
| ē | 8 | | V. 1.9 .2018 | (0) | 235,524 | 245,573 |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | <u> </u> | 121,165 | 149,266 |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | DEN II | - | 575 | 108 |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and | Meint, U | | 2,316 | -11,090 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column | 1 (A), line 12) | | 359,580 | 383,857 |
| | 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) . | | } | 252 425 | 0 |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A) | , lines 5-10) | ļ | 252,485 | 213,572 |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) . | | | 24,000 | 2,748 |
| Exp | 1 b | Total fundraising expenses (Part IX, column (D), line 25) | 49,179 | | | 4 (45, |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . | lmo 25) | | 153,218 | 172,340 |
| | 18 19 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), | iiile 23j | <u> </u> | 429 703 | 388,660 |
| | | Revenue less expenses Subtract line 18 from line 12 | | Beginning of Cur | -70,123 | -4,803 End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | <u> </u> | 185,287 | |
| Asse Bak | 21 | Total liabilities (Part X, line 26) | | | 26,563 | 164,406 |
| Net E | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | <u></u> | 158,724 | 10,485 153,921 |
| | art II | Signature Block | <u> </u> | L | 130,724 | 133,721 |
| _ | | Ities of perjury, I declare that I have examined this return, including accompanying so | chedules and stat | ements and to th | e hest of a | ov knowledge, and belief it is |
| | | the of perjuly, I declare that make examined this return, including decempanying at the complete. Declaration of preparer (other than officer) is based on all information | | | | ny rational delicate in the |
| | | 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 1121 | 1X |
| Sig | าก | Signature of officer | | Date | 3 1 - 1 | <u> </u> |
| He | - | Lee Ann De Reus, Executive Director | | | ' ' | |
| | | Type or print name and title | | | | |
| _ | .: | Print/Typerpreparer's name Preparer's gnature | () To | Date/, _ / | Charle F | T : PTIN |
| Pa | | KITW WOOK MOUDE | e 1 | 11/3/18 | Check L self-emp | |
| | epare | | 4.4 | Firm | s EIN > | 2-1005048 |
| US | e Onl | Firm's address > 6 009 Over leak a Bethe Sol | 17020 | 011- | e no.30 | 1-807-9285 |
| Ma | y the IF | RS discuss this return with the preparer shown above? (see instruc | tions) | | | · · Yes No |
| _ | | work Reduction Act Notice, see the separate instructions. | | No 11282Y | | Form 990 (2017) |

| Page | 2 |
|------|---|
| | |

| 01111 33 | (tage m. |
|----------|---|
| Part | Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | DV Leap makes the law work for survivors of domestic violence by fighting to overturn unjust court outcomes, advancing legal |
| | protections for victims of domestic violence and their children through appellate advocacy; training lawyers, psychologists and |
| | judges on best practices; and spearheading domestic violence litigation in the Supreme Court DV LEAP has two major |
| 2 | programming areas, DC LEAP and National Programming. Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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 |
| | services 9 |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported |
| | the total expenses, and revenue, it any, for each program service reported |
| 4a | (Code:) (Expenses \$ 217,332 including grants of \$) (Revenue \$ 212,055) |
| *** | DC LEAP Our flagship program, providing services to domestic violence survivors of Metropolitan DC, focuses on appellate |
| | advocacy and consultation; custody and abuse litigation and consultation, training professionals on domestic violence and the law; |
| | and efforts towards systemic advocacy, public policy and court reform |
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| | |
| 4b | (Code) (Expenses \$ 86,078 including grants of \$) (Revenue \$ 36,376) |
| | National Programming Work here is made up of the following All States Litigation Project Litigates appellate case from states |
| | across the country involving significant domestic violence issues, provides training and consultation on a variety of domestic |
| | violence topics, and assists in law reform work in other states as well as the federal level. Custody and Abuse Project Litigates |
| | selected cases for outside Metropolitan DC involving custody and abuse, provides consultation to victims of abuse and their |
| | attorneys fighting to keep children safe through the courts: conducts training and presentations around the country, engages in law |
| | reform efforts, publishes articles and research summaries to help those seeking to protect children and adult victims of abuse; and works on federal legislative reform efforts. Rights Litigation Project. Files friends-of-the court briefs in Supreme Court cases. |
| | concerning domestic violence, delivers public presentations and training to national and local advocates and interested scholars, |
| | concerned citizens and attorneys; and publishes blogs, media, and scholarly articles regarding the constitutional rights litigation |
| | affecting victims of domestic violence |
| | |
| | |
| 4c | (Code.) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | *************************************** |
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| | |
| 4d | Other program services (Describe in Schedule 0.) |
| 70 | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) |
| 4e | Total program service expenses ► 303,410 |
| | |

| ² art | Checklist of Required Schedules | | T va | 1 |
|------------------|---|-----|------|-----|
| 1 | .ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| • | complete Schedule A | 1 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ~ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ~ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | , | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | | ~ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ~ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | , |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ~ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | , |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | 57. |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ~ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | , |
| С | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | , |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | v |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | | v |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | v |
| 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 | | v |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | V |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ~ |
| b | 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 or more? If "Yes," complete Schedule F, Parts I and IV | 14ь | | V |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | ~ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | ~ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | V |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | , | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | ~ |

| rart | Checklist of Required Schedules (Continued) | · | | |
|----------|--|------------|--------------|----------|
| 20 | Did the experience expects one or more beautel facilities? If "Vec." complete Schedule II | - | Yes | No |
| _ | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | ~ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | V |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | , |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. | 23 | | ~ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | " | ~ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | ~ |
| 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 | | ~ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 | | V |
| 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): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | V |
| С | 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 | | , |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | ~ |
| 31 | conservation contributions? If "Yes," complete Schedule M Did the organization figuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | _ |
| ٥, | Part I | 31 | | ~ |
| 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 | | v |
| 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 | | , |
| 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 | | , |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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. | 35a 35b | | V |
| 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 | | ~ |
| 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 | | , |
| 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 | ~ | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance | | | - |
|---------|--|----------|------------|---|
| | Check if Schedule O contains a response or note to any line in this Part V | <u>.</u> | | <u>. </u> |
| | • | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 6 | 不得 | |
| b | | <u>o</u> | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| _ | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 44.7 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | 4 | 100 | |
| - b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ~ | 120 |
| • | 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? | 3a | | ~ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | , |
| h | If "Vec." enter the name of the foreign country. | 77 | citali | **2** |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ALCOHOL: | 1 |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | - | <u> </u> |
| 6a | Does 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? | 6a | | ~ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 跳。對 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | 1 |
| | and services provided to the payor? | 7a | ' | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | \ | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | ~ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 10.0 | 784 | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ~ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ~ |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | 2 923 |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | - |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | - A 4-80-8 | SANCE SOLVERS |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | 100600 | and the first |
| 10 | Section 501(c)(7) organizations. Enter: | | 1 | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | | | i. Nome |
| 11 a | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | 1 | |
| _ | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | -35 | 72 | \$ 1.50 m |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 十二 | 认替 | |
| a | is the organization licensed to issue qualified health plans in more than one state? | 13a | 1.2 >45,54 | 27244 |
| a | Note. See the instructions for additional information the organization must report on Schedule O. | 37. K | 7.230 | 32.25 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | 感到 | |
| ~ | the organization is licensed to issue qualified health plans | | 心道 | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | 26.45 JA | <u>ميماويز حرو</u> |
| | If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14b | | - |

| Part \ | | | | |
|----------|--|---------------|---------|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C Check if Schedule O contains a response or note to any line in this Part VI | | | ions. |
| Section | on A. Governing Body and Management | | <u></u> | <u>. </u> |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 8 | | |
| | If there are material differences in voting rights among members of the governing body, or | | Ĭ | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | 3 | | |
| | Enter the number of voting members included in line 1a, above, who are independent | В | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit any other officer, director, trustee, or key employee? | 1 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | . 2 | ╁┈┈ | ~ |
| 3 | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | l | , |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | V |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ~ |
| 6 | Did the organization have members or stockholders? | 6 | | V |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | nt 📗 | | |
| | one or more members of the governing body? | 7a | | V |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | | | 1 |
| | stockholders, or persons other than the governing body? | 7b | | <i>V</i> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken durin the year by the following. | 9 | | |
| а | The governing body? | 8a | 1 | |
| | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a | at | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ~ |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Rev | <u>enue C</u> | | 7 |
| | | 40- | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | , | ~ |
| þ | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | ~ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 1 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ~ | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts | | ~ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, | | | |
| | describe in Schedule O how this was done | 12c | V | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 1./ |
| 14 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 | ~ | |
| b | Other officers or key employees of the organization | 15b | ~ | |
| | 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 taxable entity during the year? | |) | |
| | with a taxable entity during the year? | 16a | | V |
| Đ | 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? | 16b | | |
| Section | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires applicable), 990, and 990-T (Section 6104 requires applicable), 990, 990, 990, 990, 990, 990, 990, 99 | ion 501(| (c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 19 | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of | interest | nolic | v and |
| 13 | financial statements available to the public during the tax year. | | (۱۱۱۰) | ,, unu |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and | records | | |
| | Lee App De Paus (202)994-7586 | | | |

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| Form | gan | (201 | 71 |
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| r unn | 230 | 1241 | 11 |

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensated | Employees, | and |
|----------|---------------------------|------------|-----------|----------------|---------|-------------|------------|-----|
| | Independent Contractors | | | | | | | |

| Check it Schedule (| contains a response or note to any line in this Part VII | 1 1 |
|-----------------------|--|-------|
| Officer in Confedence | contains a response of note to any line in the fact the contains a response of note to any line in the fact the contains a response of note to any line in the fact the contains a response of note to any line in the fact the contains a response of the contains a re | ليا . |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| | | | | 10 | 2) | | | į | | |
|--------------------------|--|--|-------------------------|----------|--------------|------------------------------|----------|--|---|--|
| (A) Name and Title | (B) Average hours per | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an | | (E) Reportable compensation from | (F) Estimated amount of other |
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| Joan Meier | 40 | | | | | | | | | |
| Legal Director/Secretary | 0 | ~ | | ~ | | | | 66,950 | 0 | |
| David Salmons | 0.5 | | | | | | | | | |
| Chairman | 0 | ~ | | ~ | | | | 0 | 0 | ·· <u>····</u> |
| Christopher Griffin | 0.5 | | | | | | | | | |
| Treasurer | | ~ | | ~ | | | | 0 | 0 | |
| Susan Hoffman | 0.5 | | | | ١., | | | | | |
| Director | 0 | ~ | | | | | <u> </u> | 0 | 0 | |
| Jim Rizzo | 0,5 | | | | | | | | | |
| Director | 0 | ~ | | | | | ļ | 0 | 0 | - <u></u> |
| Kate Hardey | 0.5 | | | | | | | | | |
| Director | 0 | ~ | | | | | | 0 | 0 | |
| Mary Margaret Farren | 0.5 | | | | | | | l | | |
| Director | 0 | ~ | | | | | L | 0 | , 0 | - <u> </u> |
| Howell Posner | 0.5 | | | | | | | - | | |
| Director | 0 | ~ | | | | | | 0 | 0 | |
| John Bourgeois | 0.5 | | | | | | | | | |
| Director | 0 | ~ | | | | | | 0 | 0 | ······ |
| Dawn Dalton | 40 | ' | | | | | | | | |
| Past Executive Director | | | | ~ | | | | 19,728 | 0 | |
| Lee Ann De Reus | 40 | | | | | | | | | |
| Executive Director | 0 | | | ~ | | | _ | 38,333 | 0 | ····· |
| | | | | | | | | | | |
| | | | $\mid \rightarrow \mid$ | \vdash | | | | | | |
| | | | | | | | | | | |
| | | | | | | | <u> </u> | | | · |

| | (A) Name and title | (B) Average hours per week (list any | Average hours per officer and | | | (C) Position check more than one ess person is both an nd a director/trustee) | | | (D) Reportable compensation from | (E) Reportable compensation from related | Estir om amo | F) mated unt of ther |
|----------|--|--|-------------------------------|-----------------------|---------|---|------------------------------|----------|--|--|---------------------------------|--|
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | compe fror organ and r | ensation n the nization related nzations |
| | | <u> </u> | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b c | Sub-total | VII, Sectio | | | | | • | ▶ | 125,011 | | 0 | |
| <u>d</u> | Total number of individuals (including but reportable compensation from the organi | | | | | | | e) w | 125,011 ho received mo | | | |
| 3 | Did the organization list any former of | ficer, direc | tor. o | ır tr | usti | e. | kev e | מחו | lovee. or high | est compens | ited - | Yes No |
| | employee on line 1a? If "Yes," complete : | Schedule J | for su | ıch | ındı | vidu | ıal | | | | . 3 | V |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | ation or individ | dual . 5 | |
| Section | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | n's tax |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | (C) Compensa | ition |
| None | | | _ | | | _ | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor | • | _ | | | | | th | ose listed abo | ove) who | | |

| Har | VIII | Statement of Revenue | | | | | | | | |
|--|--------------|-------------------------------|-------------------|---------------------------------------|---|--|--|--|--|--|
| 43,520 to "8945 i | al market de | Check if Schedule C |) contains a re | sponse or note t | | , | | <u> </u> | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512-514 | | |
| its its | 1a | Federated campaigns | s 1a | 0 | 64123145 | | | | | |
| Grants | ь | Membership dues . | 1b | 0 | | | | | | |
| S, C | С | Fundraising.events . | 1c | 74,021 | | | | 18.54 47.5 | | |
| Gifts, ilar A | d | Related organizations | s 1d | 0 | | | | e e e | | |
| ıs, (| е | Government grants (con | | 0 | | | | | | |
| tior er S | f | All other contributions, g | | | | | | | | |
| E in | | and similar amounts not inc | • — | | | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | g | Noncash contributions include | | | | Francisco SE | | 1.00 | | |
| | h , | Total. Add lines 1a-1 | f | | 245,573 | | | | | |
| une. | | | | Business Cude | | Procedural de la companya del companya del companya de la companya | | | | |
| eve | 2a | Contract and client fee | es | 541100 | 149,266 | 149,266 | 0 | 0 | | |
| e H | b | | | ļ | | <u> </u> | | | | |
| Ž | C | | | | | | | | | |
| Š | • | | | | | | | <u> </u> | | |
| Iran | | All other program sen | vica ravanua | - | 0 | 0 | 0 | | | |
| Program Service Revenue | g | Total. Add lines 2a-2 | | > | 149,266 | | | | | |
| _ | 3 | Investment income | | | 147,200 | A Second Colors of the control of the Color | district the desired the sent of the | The second of th | | |
| | | and other similar amo | | | 108 | 108 | ٥ ا | ٥ | | |
| | 4 | Income from investmen | • | ond proceeds | 0 | 0 | 0 | 0 | | |
| | 5 | D - W- | | . > | 0 | 0 | 0 | 0 | | |
| | | • | (ı) Heal | (ii) Personal | a ta alique una planem incor suo | | omoromomoro, curomomoromo | Dirhomolowy denied | | |
| | 6a | Gross rents | 1 | 0 | | | | | | |
| | b | Less: rentál expenses | | 0 | | | | | | |
| | С | Rental income or (loss) | | 0 | | H.G. | 26.0 | | | |
| | d | Net rental income or (| (loss) | | 0 | 0 | 0 | 0 | | |
| | 7a | Gross amount from sales of | (i) Secunties | (ii) Other | | | | | | |
| | | assets other than inventory | | 0 | | | 36.27 | | | |
| | ь | Less cost or other basis | 1 | | | | F7 E | | | |
| | , | and sales expenses . | | 0 0 | | | 1.3.40 | | | |
| | C | Gain or (loss) | L |) <u> </u> | | | | | | |
| | d | Net gain or (loss) | | · · · · · · · · · · · · · · · · · · · | 0 | | 0 | U | | |
| a | 8a | Gross income from fu | ານປະລາຄານຕ | | F15 | E 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | |
| en | | events (not including \$ | 74,021 | | | | | 1,437 | | |
| e v | | of contributions reporte | | | | | | | | |
| | | | | 10,010 | | | | | | |
| Other Reven | ь | Less: direct expenses | s i | 21,100 | TOTAL DESIGNATION OF THE PARTY | | | um and the second of the secon | | |
| U | С | Net income or (loss) f | | | -11,090 | | 0 | -11,090 | | |
| | 9a | Gross income from ga | aming activities. | | | 20235000 | | 427 | | |
| | ļ | See Part IV, line 19 . | | a | | | | | | |
| | b | Less: direct expenses | | b | 7.51 F39.50 | | | | | |
| | С | Net income or (loss) f | | | | | | | | |
| | 10a | Gross sales of in | | | | | a light of a second | | | |
| | | returns and allowance | | a | | | | | | |
| | b | Less: cost of goods s | | b[| | 200 | 99-17-19-19-19-19-19-19-19-19-19-19-19-19-19- | | | |
| | C | Net income or (loss) f | | | Principles of the Rights Contracting the | The state of the s | Michael Control Control | fee!" Species and appropriate California | | |
| | <u> </u> | Miscellaneous R | tevenue | Business Code | | | | | | |
| | 11a | | · | | | | | | | |
| | b | | | | | | | | | |
| | 6 | All other revenue . | | | | | | | | |
| | d e | Total. Add lines 11a- | .11d | | | | 100 E 10 | | | |
| | 12 | Total revenue. See in | | | 383,857 | 149,374 | 0 | -11,090 | | |

Parell Statement of Functional Expenses

| Section | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | |
|-----------------|--|--|--|--|--------------------------------|--|--|--|--|--|
| | Check if Schedule O contains a respor | nse or note to any l | ine in this Part IX | , | | | | | | |
| Do no 8b, 9l | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C). Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 • . | .• 0 | 0 | | | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | en de ser e | 7 - Tar | | | | | |
| 3 | Grants and other assistance to foreign | , | | | | | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | . 0 | .0 | Section 2 | 301 | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, | 0 | - о | | | | | | | |
| | trustees, and key employees | 125,013 | 66,062 | 26,128 | 32,823 | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | '- | , , ; | | | | | | | |
| 7 | persons described in section 4958(c)(3)(B) Other salaries and wages | 1 0 | | • | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | . , 61,140 | | | | | | | | |
| 9 | Other employee benefits | 4,434 8,742 | 3,701 6,236 | 1,778 | 728 | | | | | |
| 10 | Payroll taxes | 14,243 | | 2,086 | 2,581 | | | | | |
| 11 a | Fees for services (non-employees) Management | | | | | | | | | |
| b | Legal | 141,813 | 140,733 | 820 | 260 | | | | | |
| C | Accounting | → 10,702 | 6,422 | 2,033 | 2,247 | | | | | |
| ď | Lobbying | 2,748 | | | 2 740 | | | | | |
| e f | Investment management fees | 2,748 | | | 2,748 | | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 7,003 | 4,310 | . 1,303 | 1,390 | | | | | |
| 12 | Advertising and promotion | | | | | | | | | |
| 13 14 | Office expenses | 11,002 | 4,140 | 4,311 | 5,551 | | | | | |
| 15 | Information technology | | | | | | | | | |
| 16 | Occupancy | | • | | be . | | | | | |
| 17 | Travel | 837 | 500 | 159 | 178 | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings . | , | | | , | | | | | |
| 20 | Interest | | | | , | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | -983 | 590 | 187 | 206 | | | | | |
| 24 | Other expenses Itemize expenses not covered | CONTRACTOR OF STREET | | | 34 Te 20 V 12 | | | | | |
| | above (List miscellaneous expenses in line 24e If | | - Comment | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | | | | | | |
| а | | AND STREET, ST | | ### T # # # # # # # # # # # # # # # # # | | | | | | |
| b | | | | | | | | | | |
| Ċ | | • | | | | | | | | |
| d e | All other expenses | • | | | • | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | - 388,660 | 303,410 | 36,071 | 49,179 | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | • | | | , | | | | | |

Pan X Balance Sheet

| | antiv | | V | | |
|------------------|-------|--|--|----------|--|
| | | Check if Schedule O contains a response or note to any line in this Pa | , | · · | <u> </u> |
| | ` | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | - 66,267 | 1 | 80,387 |
| | 2 | Savings and temporary cash investments | 50,677 | 2 | 635 |
| | 3 | Pledges and grants receivable, net | 36,146 | | 38,971 |
| | 4 | Accounts receivable, net | 31,319 | 4 | 26,275 |
| | 5 | Loans and other receivables from current and former officers, directors, | | 30.39 | |
| | 70 | trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 4 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and | The state of the communication of the control of th | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees; beneficiary | | 200 | |
| Assets | _ | organizations (see instructions) Complete Part II of Schedule L | <u> </u> | 6 | 0. |
| SS | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| ⋖ | 8 | Inventories for sale or use | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | 878 | 9 | 1,421 |
| | 10a | Land, buildings, and equipment cost or | | | contract Carlo |
| | | other basis. Complete Part VI of Schedule D 10a 17,700 | | 2 | |
| | b | Less: accumulated depreciation 10b 983 | 0 | 10c | 16,717 |
| | 11 | Investments – publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments – program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | _0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | . 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 185,287 | 16 | 164,406 |
| | 17 | Accounts payable and accrued expenses | 26,563 | 17 | 10,485 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | 0 | 21 | 0 |
| (A) | 22 | Loans and other payables to current and former officers, directors, | | | ANALISM PROPERTY OF THE PROPER |
| Liabilitie | | trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | <u> </u> | 0 |
| ᆵ | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| ŀ | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | 00 | of Schedule D | 0 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 26,563 | 26 | 10,485 |
| ces | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. | | | agis gers |
| la l | 27 | Unrestricted net assets | 118,828 | 27 | 116,946 |
| 8 | 28 | Temporarily restricted net assets | 39,896 | 28 | 36,975 |
| 5 | 29 | Permanently restricted net assets | 0 | 29 | 0,4 |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. | | | |
| \$ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| \$ | 32 | Rétained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Net Assets | 33 | Total net assets or fund balances | 158,724 | 33 | 153,921 |
| | 34 | Total liabilities and net assets/fund balances | _185,287 | 34 | 164,406 |
| | | | | | Form 990 (2017) |

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| rom | 990 | 1201 | |

| Par | | | | | ige 12 |
|---------|---|--|----------------|---------|--------------|
| | XI Reconciliation of Net Assets | | | : | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | · | | | <u>ليا</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 38 | <u>3,857</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 38 | 8,660 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 4,803 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 15 | <u>8,724</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | \(\int\nvestment\) expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | ··· - _ | | 0 |
| 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 | l | | | |
| | 33, column (B)) | 10 | | 15 | 3,921 |
| Par | XII Financial Statements and Reporting | | | | |
| - | Check if Schedule O contains a response or note to any line in this Part XII | | <i></i> | · - · - | |
| | • | | | 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," exp | olaın i | n | | |
| | Schedule O. | | 362 | | |
| 2a | | | | | |
| | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | ~ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | oled c | | | ر ا |
| | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. | oled c | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | oled d | | | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | • | 2b | | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited. | • | 2b | | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | • | 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | d on | or 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | d on ersigh | a 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accounts. | d on ersigh | a 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overous of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expensively. | d on ersigh | a 2b | | |
| c | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overous of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expected. | d on ersigh ersigh otant? otan i | a 2b a 2c a | | |
| c | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for own of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, exp. Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for the year were compilated basis. | d on ersigh ersigh otant? otan i | 2b a 2c n | | |
| c 3a | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for own of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expected to a federal award, was the organization required to undergo an audit or audits as set of the Single Audit Act and OMB Circular A-133? | d on ersigh ntant? plain i | 2b a 2c n 3a | | |
| c 3a | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for own of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, exp. Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for the year were compilated basis. | d on ersight tant? olain if | 2b a 2c n 3a | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open to Public

Department of the Treasury Internal Revenue Service

nation. Inspection

| Name | or the organization | | | | | Employer Identification | n number |
|----------|---|-------------------|--|---------------|-------------|-------------------------------|----------------------------------|
| DOM | ESTIC VIOLENCE LEGAL EMPOWER | RMENT AND APP | EALS PROJECT-DV LE | AP | | 20-10 | 76297 |
| Pai | t I Reason for Public Char | rity Status (All | organizations must | comple | te this p | art.) See instruction | ons. |
| The o | organization is not a private founda | | | | | | |
| 1 | A church, convention of church | | | | | | $\Theta(I)$ |
| 2 | A school described in section | | | | | | () |
| 3 | ☐ A hospital or a cooperative hos | | • | | | | |
| 4 | A medical research organization | | | | | | (iii). Enter the |
| 7 | hospital's name, city, and state | | onganionon with a nee, | J. (u. 4000 | | | (my Ernor tho |
| 5 | An organization operated for t | | college or upwaresty | owned o | r operate | nd by a government | tal unit described in |
| • | section 170(b)(1)(A)(iv). (Comp | | conege of university | OWINCO O | Орстакс | ed by a government | idi dilik desembed ii |
| | | • | | | 450(1) | | |
| 6 | A federal, state, or local govern | • | | | | | |
| 7 | An organization that normally | | | port from | a gover | nmental unit or tron | n the general public |
| | described in section 170(b)(1) | (A)(vi). (Complet | e Part II.) | | | | |
| 8 | A community trust described in | n section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | An agricultural research organi | | | | | | |
| | or university or a non-land-grain | nt college of agr | iculture (see instructio | ons). Ente | r the nan | ne, city, and state of | the college or |
| | university: | | | | | | |
| 10 | ☑ An organization that normally r | | | | | | |
| | receipts from activities related support from gross investment | to its exempt ful | nctions—subject to co | ertain exc | eptions, | and (2) no more tha | n 331/3% of its |
| | acquired by the organization at | | | | | | Dusiliesses |
| 11 | An organization organized and | | | | • | • | |
| 12 | ☐ An organization organized and | • | • | - | | | rry out the nurnoses |
| - | of one or more publicly suppo | • | • | • | | | • |
| | Check the box in lines 12a thro | | | | | | |
| а | | _ | • | - | - | | _ |
| a | the supported organization | · · | | _ | | | |
| | supporting organization. You | • • | | | | THE CHECKOTS OF TIEST | ees of the |
| . | | | | | | upported ergenizet | an(a) by boulea |
| b | control or management of t | · · | | | | | |
| | organization(s). You must e | , , , | _ | | heraona | that control of man | age the supported |
| | | • | • | | tior | a with and function | aller intograted with |
| C | its supported organization(s | | | | | | any integrated with, |
| | <u> </u> | | · | | | | |
| d | | | | | | | |
| | that is not functionally integ | | | | | | o an attentiveness |
| | requirement (see instruction | | | | | | |
| е | | | | | | | e II, Type III |
| | functionally integrated, or T | • • | • • | porting o | organizati | ion. | |
| f | , , | | | | | | · · L |
| g | Provide the following information | about the supp | orted organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) is the o | rganization | (v) Amount of monetary | (vi) Amount of |
| | | | (described on lines 1–10 above (see instructions)) | docur | | support (see instructions) | other support (see instructions) |
| | | | , | | | , | |
| | | | ····· | Yes | No | | |
| (A) | | | | | | | |
| | | | | | | | |
| (B) | | | | | | | |
| . , | | | | | | | |
| (C) | | | | | | | |
| | | | | | | | |
| (D) | | | | | | | |
| ·-, | | | | | | | |
| (E) | | | | | | | |
| - | ļ | | | | 1 | ı | |

Total

| Part | (Complete only if you checked to | he boy on lin | a 5 7 or 8 of | Part Lor if th | ij(A)(iv) aliu se organizatio | n failed to qu | alify under |
|-------|---|------------------------------------|--|----------------|---|--|---------------------------------------|
| | Part III. If the organization fails to | gualify und | er the tests lis | sted below, p | please comple | ete Part III.) | , , , , , , , , , , , , , , , , , , , |
| Secti | on A. Public Support | | • | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| \1 | Gifts, grants, contributions, and | | ` \ | | | | |
| | membership fees received. (Do not | | ' | | | | |
| _ / | include any "unusual grants.") | | | | <u> </u> | | · |
| 2 | Tax revenues levied for the | | | | , | 7 . | |
| | organization's benefit and either paid | | | | . • | | |
| | to or expended on its behalf | | <u> </u> | | | · | • |
| ′3 | The value of services or facilities | ١ . | .] | | | | |
| | furnished by a governmental unit to the | | | | • | , | |
| | organization without charge | • | | | | | |
| 4 | -TotalAdd lines 1 through 3 | | | | | AL-CONTRACTOR | |
| 5 | The portion of total contributions by | | | 51733 3 | | Section 1 | |
| | each person (other than a | | | 10 A, 2 | | 14. | |
| | governmental unit or publicly | | | | 4 | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | To Marie | | | | |
| _ | shown on line 11, column (f) | | | | | | |
| -6 | Public support. Subtract line 5 from line 4 | de sont desire | | | | 250000000000000000000000000000000000000 | |
| | on B. Total Support | T. (a) 2012 | T (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (6) 2013 | (4) 2010 | (6) 2017 | ' (i) Total |
| 7 | Amounts from line 4 | | | | <u> </u> | <u> </u> | |
| ' 8 | Gross income from interest, dividends, payments received on securities loans, | | | | |] * | |
| | rents, royalties, and income from | | • | ' ' | | | • 1 |
| | similar sources | | 1 | | 1 | | • |
| 9 | Net income from unrelated business | | \ | | , | | |
| • | activities, whether or not the business | l | 1 | | , | | , , |
| | is regularly carried on | 7, | | _ | - | | |
| 10 | Other income Do not include gain or | | 1 | | | | |
| | loss from the sale of capital assets | | | | | ļ - | |
| | (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | ngarar oo t | | | 1400000000 | 110000 | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | | | by or fifth tax y | ear as a section | on 501(c)(3) |
| | organization, check this box and stop he | | | . , | <u>· · · · · · · · · · · · · · · · · · · </u> | | ▶ □ |
| Secti | on C. Computation of Public Suppo | | | | | 1 | · |
| 14 | Public support percentage for 2017 (line | | | | • | 14 | <u>%</u> |
| 15 | Public support percentage from 2016 Sc | hedule A, Part | t II, line 14 . | | | 15 | shook this |
| 16a | 331/3% support test—2017. If the organ | | | | | 3./3% or more, | |
| ٠. | box and stop here. The organization qua 331/3% support test—2016. If the organ | | | | | us 331m06 or m | ore check |
| Ь | this box and stop here. The organization | | | | | 15 33 73 70 (01 11 | lore, crieck |
| | | | | = | | | d loo 14 o |
| 17a | 10%-facts-and-circumstances test—2 10% or more, and if the organization m | out. If the org | janization did r e-and-circumst | iot check a Do | ux on line 13, 1 Theck this hav | ioa, ui 100, ani and ston here | u iii le 14 is . Exnlain in |
| | Part VI how the organization meets the | eets tile liact: "facts-and-cir | s-anu-vircumsi cumstances" ti | est. The organ | ination qualifie | s as a publicly | supported |
| | organization | iacis-and-ciri | ournaturices to | | | | . · ▶ □ |
| | • | | | | ov on line 12 | 16a 16b or 17 | |
| b | 10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organiz | sulo, if the org | yanızatlon Old I be "facts-and | ioi cueck a bi | ox on line 13, s" test check | this boy and | ston here |
| | Explain in Part VI how the organization | auvii ilieela li meets the "far | ne iacis-and- cts-and-circum | stances" test | The organizat | ion qualifies as | a publicly |
| | supported organization | incorp into Tal | | | · · · · · | | , u pos |
| 18 | Private foundation. If the organization d | id not check a | | | | | |
| 10 | instructions | | | | | | |
| | | | | | | | |

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 qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | | | | |
|-------|--|------------------|-----------------|---|---------------|---------------------------------------|-----------|
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants") | 329,313 | 251,960 | 295,262 | 235,524 | 245,573 | 1,357,632 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 65,885 | 80,585 | 87,679 | 123,481 | 138,176 | 495,806 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | 0 | 0 | o | 0 | 0 | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | İ | |
| | or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 | 395,198 | 332,545 | 382,941 | 359,005 | 383,749 | 1,853,438 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | 0 | 0 | 0 | 0 | 0 | 0 |
| b | Amounts included on lines 2 and 3 | j | | | 1 | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | ! | | | | |
| | or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 |
| C | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support. (Subtract line 7c from | Faster C. V. | | 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. | · '& | | |
| | line 6.) | | <u> </u> | المتهامة المناه | | المتعندين | 1,853,438 |
| | on B. Total Support | 1 1 2 2 2 2 3 | 41.5511 | 4 > 0045 | (1) 0040 | 4.) 0047 | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | 395,198 | 332,545 | 382,941 | 359,005 | 383,749 | 1,853,438 |
| 10a | Gross income from interest, dividends, | İ | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources. | | 504 | 420 | | 100 | |
| | • | 310 | 581 | 120 | 575 | 108 | 1,694 |
| þ | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | - | |
| | acquired after June 30, 1975 | 0 | 0 | 0 | o | 0 | 0 |
| С | Add lines 10a and 10b | 310 | 581 | 120 | 575 | 108 | 1,694 |
| 11 | Net income from unrelated business | 310 | 361 | 120 | 3/3 | 100 | 1,074 |
| • • | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | o | o | o | o | o | 0 |
| 12 | Other income. Do not include gain or | - J | | | | | |
| - | loss from the sale of capital assets | | | | | [| |
| | (Explain in Part VI.) | o | o | o | o | 0 | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 395,508 | 333,126 | 383,061 | 359,580 | 383,857 | 1,855,132 |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| | organization, check this box and stop he | re | | | <i>.</i> | | . ▶ 🗀 |
| Secti | on C. Computation of Public Support | rt Percentage | В | | | | |
| 15 | Public support percentage for 2017 (line | 8, column (f) di | vided by line 1 | 3, column (f)) | | 15 | 99.91 % |
| 16 | Public support percentage from 2016 Sc | hedule A, Part I | III, line 15 . | | <u> </u> | 16 | 99.9 % |
| Secti | on D. Computation of Investment In | | | | | · · · · · · · · · · · · · · · · · · · | |
| 17 | Investment income percentage for 2017 (| | | | | 17 | 0 09 % |
| 18 | Investment income percentage from 2010 | | | | | 18 | 14 % |
| 19a | 331/3% support tests-2017. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | _ |
| b | 331/3% support tests - 2016. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this | • | - | | | | |
| 20 | Private foundation. If the organization d | id not check a l | box on line 14, | , 19a, or 19b, c | heck this box | and see instruc | tions 🕨 🔲 |

Supporting Organizations Part IV

(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. Ali | Supporting | Organizations |
|---------|--------|------------|----------------------|
|---------|--------|------------|----------------------|

| Sec | tion A. All Supporting Organizations | | | |
|--------|---|-------|-----|-----|
| | | | Yes | No |
| 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. | 1 | | |
| 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). | 2 | | |
| 38 | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | 滋莲 | 130 |
| | b_Did the organization confirm that each supported organization qualified under section 501(c)(1), (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. | 3b | | |
| • | 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. | 3c | E.A | |
| 48 | 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. | 4a | *** | |
| ł | 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 despite being controlled or supervised by or in connection with its supported organizations: | 4b | | |
| (| 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. | 4c | | |
| 5 | 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). | | | |
| ŀ | 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? | 5b | | |
| (| Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| , , | 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 filling 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). | 7 | | |
| 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). | 8 | | |
| 98 | 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 . | 9a | | |
| į | 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. | 9b | | |
| í | 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. | 9с | | |
| 10 | 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 | 10a | | |
| 1 | b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 1,478 | 1 | (A) |

determine whether the organization had excess business holdings.)

| Scheau | ile A (FOITI 330 01 330-EZ) 2017 | - 1 Lige 0 |
|-------------|---|--------------------|
| Part | IV. Supporting Organizations (continued) | |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | Yes No |
| | A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11b |
| | on B. Type I Supporting Organizations | |
| | | Yes No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 |
| Secti | ion C. Type II Supporting Organizations | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | Yes No |
| Secti | ion D. All Type III Supporting Organizations | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | Yes No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | |
| 1 | Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see | instructions) |
| a b c | ☐ The organization satisfied the Activities Test Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. | (see instructions) |
| 2 | Activities Test. Answer (a) and (b) below. | Yes No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a |
| b | | 3b |

| Paney Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jan | izations | <u></u> |
|---|-------|---|---|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g tru | ist on Nov. 20, 1970 (expla | in in Part VI), See |
| instructions: All other Type III non-functionally integrated supporting organ | niza | tions must complete Section | |
| Section 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 | | | |
| collection of gross income or for management, conservation, or | | | |
| 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- | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | 100000000000000000000000000000000000000 |
| instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | 33 33 6 39 |
| 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 | <u> </u> | |
| 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 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | Š. |
| 2 Enter 85% of line 1. | 2 | | Š |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | Š |
| 4 Enter greater of line 2 or line 3. | 4 | 20 | |
| 5 Income tax imposed in prior year, | 5 | 海海流 全。460 | |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | e de la companya de grande de grande de grande de grande de grande de grande de grande de grande de grande de g | |
| 7 Check here if the current year is the organization's first as a non-functional | y in | tegrated Type III supportin | g organization (see |
| instructions). | | | |

| n and | Type III.Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continued) | |
|-----------------|--|--|--|--|
| | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | orted | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | ooses of supported orga | anizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | , |
| 7 | Total annual distributions. Add lines 1 through 6. | | , | |
| 8 | Distributions to attentive supported organizations to which | h the organization is re | sponsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line,8 amount divided by line 9 amount | | | |
| _ | | (i) | (ii) | (iii) |
| S | ection E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2017 | Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | No. of the Control of | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | |
| | (reasonable cause required—explain in Part VI). See | | | and the second second |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | 6 Company of the Comp | | Marine and the second |
| a | Market and the second s | Autor and a sale of the sale o | PSG NORTH AND A CASE | |
| <u> </u> | From 2013 | | | |
| <u> </u> | From 2014 | | | |
| <u>d</u> | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2017 distributable amount | | The second secon | |
| !- - | Carryover from 2012 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from | Linguage as a second second | | |
| | Section D, line 7: \$ | | | |
| <u>a</u> _ | Applied to underdistributions of prior years | | | |
| b_ | Applied to 2017 distributable amount | | | 13-31 |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4. | CONTRACTOR | | |
| 5 | Remaining underdistributions for years prior to 2017, if | English Committee | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| | | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | 100 | |
| | Excess distributions carryover to 2018. Add lines 3 | | | |
| 7 | and 4c. | | | |
| 8 | Breakdown of line 7. | | | |
| | Excess from 2013 | | dang Propinsi di mangringangan | |
| <u></u> - | Excess from 2014 | | | |
| | Excess from 2015 | Colyanian column con between the property of t | | |
| d | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | | and the same of th | and the second s | The state of the s |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|---|
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below Attach to Form 990 or Form 990-Fi

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

| | see separate instructions), t ection 501(c)(4), (5), or (6) orgi | | | | |
|------|---|--|---------------------------|---|--|
| | of organization | anatonia. Complete i art iii | ··· | Employer ide | entification number |
| | J | MPOWERMENT AND APPEALS PROJ | FCT-DV LEAP | | 20-1076297 |
| Part | | e organization is exempt und | | c) or is a section 527 | |
| 1 | | f the organization's direct and in | | | 1 |
| 2 | | ty expenditures (see instructions) | - | | \$ |
| 3 | Volunteer hours for politi | cal campaign activities (see instruc | ctions) | | |
| Part | -B Complete if th | e organization is exempt und | er section 501(e | c)(3). | |
| 1 | Enter the amount of any | excise tax incurred by the organiza | ation under section | n 4955 ▶ | \$ |
| 2 | Enter the amount of any | excise tax incurred by organization | n managers under | section 4955 ▶ | \$ |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Fo | rm 4720 for this ye | ear? | . Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | If "Yes," describe in Part | | | | |
| Part | I-C Complete if the | e organization is exempt und | er section 501(d | c), except section 50 | 1(c)(3). |
| 1 | Enter the amount direct activities | tly expended by the filing organiz | ation for section | • | \$ |
| 2 | 527 exempt function acti | filing organization's funds contrib ivities | | | 5 |
| 3 | | expenditures. Add lines 1 and 2 | | | \$ |
| 4 | | n file Form 1120-POL for this year | | | . Yes No |
| 5 | organization made paymethe amount of political co | ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe | enter the amount property | paid from the filing organ delivered to a separate | nization's funds. Also enter political organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1) | | | • | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | - |

| Pe | nt II- | A | Complete if the organization section 501(h)). | is exempt under section 501(c)(3) and file | d Form 5768 (el | ection u | nder |
|----|------------|---------|---|---|----------------------------------|-------------------|-------------|
| A | Chec | k₽ | If the filing organization belong address, EIN, expenses, and s | liated group memb | oer's nam | е., | |
| B | Chec | k 🏲 | if the filing organization checke | ed box A and "limited control" provisions apply. | | | |
| | | | | ring Expenditures ans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affi group | |
| 1 | a To | otal lo | bbying expenditures to influence (| oublic opinion (grass roots lobbying) | 0 | | |
| | b To | otal lo | bbying expenditures to influence | a legislative body (direct lobbying) | 0 | | |
| | c To | otal lo | obbying expenditures (add lines 1a | and 1b) | 0 | | |
| | d O | ther, e | exempt purpose expenditures | | 388,659 | | |
| | e To | otal e | xempt purpose expenditures (add | lines 1c and 1d) | 388,659 | | |
| | f Lo | obbyi | ng nontaxable amount. Enter t | he amount from the following table in both | | , | |
| | CC | olumr | ns. | | 77,732 | | |
| | If t | the ar | nount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | |
| | No | t ove | r \$500,000 | 20% of the amount on line 1e. | | | |
| | Ov | er \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | |
| | Ov | rer \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | |
| | Ov | rer \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | |
| | Ov | rer \$1 | 7,000,000 | \$1,000,000. | Action of the con- | | |
| | g G | rassr | oots nontaxable amount (enter 259 | % of line 1f) | 19,433 | | |
| | h St | ubtra | ct line 1g from line 1a. If zero or les | ss, enter -0 | 0 | | |
| | i St | ubtra | ct line 1f from line 1c. If zero or les | s, enter -0 | 0 | | |
| | • | | e is an amount other than zero on section 4911 tax for this year? | on either line 1h or line 1i, did the organization | | Yes | ☐ No |
| | | Som | | ar Averaging Period Under section 501(h) | of the five colum | ns below | |

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

See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|---|---|----------|----------------------------|--------|----------|-----------|--|--|
| Calendar year (or fiscal year beginning in) | | (a) 2014 | (a) 2014 (b) 2015 (c) 2016 | | (d) 2017 | (e) Total | | |
| 2a | Lobbying nontaxable amount | 68,837 | 75,430 | 85,940 | 77,732 | 307,939 | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 461,909 | | |
| С | Total lobbying expenditures | 0 | 0 | 0 | 0 | 0 | | |
| d | Grassroots nontaxable amount | 17,209 | 18,858 | 21,485 | 19,433 | 76,985 | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 115,478 | | |
| f | Grassroots lobbying expenditures | 0 | 0 | O | 0 | 0 | | |

Schedule C (Form 990 or 990-EZ) 2017

| Part | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | Form | 5768 |
|---------|--|---------|----------|-----------------------------------|
| For 6 | each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed | (1 | a) | (b) |
| | ription of the lobbying activity. | Yes | No | Amount |
| 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. | | | Para di Angarana da Para da Maria |
| а | Volunteers? | L | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | (* - |
| C | Media advertisements? | | | |
| đ | Mailings to members, legislators, or the public? | <u></u> | | |
| е | Publications, or published or broadcast statements? | <u></u> | | |
| 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? | | | |
| | Other activities? | | | |
| J J | Total. Add lines 1c through 1 | | e***, | |
| 2a b | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 | | | Lagran San Land |
| _ | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| c d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | 1(5) | or se | ction |
| | 501(c)(6). | ,,,,,, | J. 00 | |
| | | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | prior | year? | 3 |
| Part | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | | | ction |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." | R (b) | Part | III-A, line 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | |
| а | Current year | . | 2a | |
| þ | Carryover from last year | | 2b | |
| C | Total | | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? | | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| Pari | | | <u> </u> | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro | up lis | t): Par | t II-A. lines 1 and |
| | instructions); and Part II-B, line 1. Also, complete this part for any additional information. | up no | .,, r ω. | in A, mios i and |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

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

OMB No 1545-0047

201Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization DOMESTIC VIOLENCE LEGAL EMPOWERMENT AND APPEALS PROJECT-DV LEAP 20 1076297 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 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 certified historic structure 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 Held at the End of the Tax Year easement on the last day of the tax year. 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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)(i) ☐ Yes ☐ No 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. 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, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement 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 amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Par | III Organizations Maintaining | | | | | | | |
|----------|--|----------------------|-------------|-------------|----------------|---------------------|--------------------|-------------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | her reco | rds, chec | k any of th | he follo | wing that are a | significant use of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchan | ge prog | rams | |
| b | ☐ Scholarly research | | е | ☐ Othe | r | | | |
| С | ☐ Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections a | and expla | ain how t | hey further | the or | ganization's ex | empt purpose in Part |
| 5 | During the year, did the organization | | | | | | | |
| | assets to be sold to raise funds rather | | ined as | part of the | e organizai | ion s co | ollection / . | · L Yes L No |
| Part | | • | | 000 (| | - 0 | | Гаша |
| | Complete if the organization | answered "Yes | on For | m 990, i | Part IV, IIn | e y , or | reported an a | amount on Form |
| | 990, Part X, line 21. Is the organization an agent, trustee | | | andina d | | | | |
| 18 | is the organization an agent, trustee included on Form 990, Part X? | | | | | | | |
| | | | | | | | | · Yes No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete tne to | illowing to | abie: | | | Amount |
| | On any and halance | | | | | - | | Amount |
| C | Beginning balance | | | | | 10 | | ··· |
| d | Additions during the year | | | | | | | |
| e | Distributions during the year . | | | • | | 16 | | |
| f | Ending balance | | | . 01 for a | | 11 | | tu? 🗆 Vas 🗆 Na |
| 2a | If "Yes," explain the arrangement in P | | | | | | | |
| Par | | art Alli. Check hen | e ii tile e | xpianatio | ii iias Deei | provid | ed on Fan Alli | · · · · LJ |
| r ai | Complete if the organization | answered "Ves" | " on For | m 000 s | Part IV lin | 10 م | | |
| | Complete if the organization | (a) Current year | | or year | (c) Two year | | (d) Three years ba | ick (e) Four years back |
| 1a | Beginning of year balance | (a) Carretti year | | | (0) 1110)00 | | (0, 11100)0010 00 | (c) to a your out |
| b | Contributions | | | | | | | |
| C | Net investment earnings, gains, and | | | | <u> </u> | | | |
| • | losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of t | he current year en | d balanc | e (line 1a | column (a | a)) held | as: | |
| a | Board designated or quasi-endowmer | | | - (| , | -,, | | |
| b | Permanent endowment ► | % | | | | | | |
| | Temporarily restricted endowment ▶ | % | | | | | , | |
| | The percentages on lines 2a, 2b, and | | 00%. | | | | | |
| За | Are there endowment funds not in the | | | zation tha | at are held | and ad | ministered for | the |
| | organization by. | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | | | . 3a(ii) |
| b | If "Yes" on line 3a(II), are the related o | | as requi | red on So | hedule R? | | | . 3b |
| 4 | Describe in Part XIII the intended uses | of the organization | n's endo | wment fu | unds. | | | |
| Part | VI Land, Buildings, and Equip | ment. | | | | | | |
| | Complete if the organization | answered "Yes' | on For | m 990, f | art IV, lin | e 11a. | See Form 990 |), Part X, line 10. |
| | Description of property | (a) Cost or ot | her basis | (b) Cost o | r other basis | (c) | Accumulated | (d) Book value |
| | | (investme | ent) | (0 | ther) | l | epreciation | |
| 1a | Land | | 0 | | 0 | 4 AC A. S. | | 0 |
| b | Buildings | | 0 | | 0 | ļ | 0 | 0 |
| С | Leasehold improvements | | 0 | | 0 | ļ | 0 | 0 |
| d | Equipment | | 0 | ···· | 0 | | 0 | 0 |
| <u>e</u> | Other | · | 17,700 | <u> </u> | 0 | <u> </u> | 983 | 16,717 |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 99 | 90, Part) | Column | i (B), line 10 | 0c) | ▶ | 16,717 |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X (a) Description of security or category (including name of security) (b) Book value (c) Method of value (c) | · |
|--|----------------|
| (including name of security) Cost or end-of-year (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) | valuation |
| (2) Closely-held equity interests | r market value |
| (3) Other (A) (B) (C) (C) (D) (E) (F) | |
| (A) (B) (C) (C) (D) (E) (F) | |
| (A) (B) (C) (D) (E) (F) | |
| (C) (D) (E) . (F) | |
| (D) (E) (F) | |
| (E) | |
| (F) | |
| | |
| | |
| (G) | |
| (H) | |
| Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.) ► Part VIII Investments — Program Related. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X | line 13 |
| (a) Description of investment (b) Book value (c) Method of value | |
| (a) Description of investment (b) Book value (c) inventou of the cost or end-of-year | - |
| /4\ | |
| (1) (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| 7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | |
| Part IX Other Assets. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X | |
| (a) Description (b) B | Book value |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) (6) | |
| | |
| (7) (9) | |
| (8) (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, | Part X, |
| line 25. | |
| · · · · · · · · · · · · · · · · · · · | Book value |
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) (9) | |
| (9) Total (Column (b) must equal Form 900, Part Y and (P) line 25) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that report | te 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 F | |

| Par | Reconciliation of Revenue per Audited Financial Statem | | | Return. | |
|-------|--|---|--------|-------------|---|
| | Complete if the organization answered "Yes" on Form 990, | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| 1 | *Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| Ь | Donated services and use of facilities | | | | |
| C | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | | 4a | | | |
| þ | Other (Describe in Part XIII.) | 4b | | | |
| C | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | · |
| Part | | | | er Return |). |
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | 1 - 1 | | | |
| а | Donated services and use of facilities | 2a | | | |
| þ | Prior year adjustments | | | | |
| Ç | Other losses | $\overline{}$ | | | |
| d | Other (Describe in Part XIII.) | | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | ; · . | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line XIII Supplemental Information. | e 16.) | | 5 | |
| | t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part | | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "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.

OMB No. 1545-0047

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

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

Employer Identification number

| Par | | Complete if the | ne organiza | ation ansv | wered "Yes" on | | line 17. |
|--------------|---|---|-----------------------|---|-----------------------------------|--|---|
| | Form 990-EZ filers are n | | | | | | |
| 1 | Indicate whether the organization | n raised funds | | | - | | |
| а | ☐ Mail solicitations | | e L | | ion of non-govern | | |
| þ | Internet and email solicitation | ns | f [| | ion of governmen | | |
| C | ☐ Phone solicitations | | g [| Special: | fundraising events | 3 | |
| d | ☐ In-person solicitations | | | | | | |
| 2a | Did the organization have a writ | ten or oral agre | ement with | any individ | dual (including offi | cers, directors, trust | ces, |
| | or key employees listed in Form | 990, Part VII) o | r entity in c | onnection | with professional | fundraising services | Yes 🗌 N |
| b | If "Yes," list the 10 highest paid compensated at least \$5,000 by | ındıviduals or e the organization | entities (fund on. | draisers) pı | ursuant to agreem | ents under which th | e fundraiser is to b |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have or control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | <u> </u> | col (i) | |
| 1 | | | | | | | |
| 2 | | | - | | | | |
| 3 | at at the sound | | | | | · · · · · · · · · · · · · · · · · · | |
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| | · · · · · · · · · · · · · · · · · · · | | 1 | | | · · · · · · · · · · · · · · · · · · · | |
| otal 3 | List all states in which the organ registration or licensing. | nization is regis | tered or lic | . ► ensed to s | olicit contribution | s or has been notific | od it is exempt from |
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| P | art II | Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mo than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events w gross receipts greater than \$5,000. | | | | | | | |
|-----------------|--------------------|---|--|--|--------------------------|--|--|--|--|
| | | | (a) Event #1 Strong Brew (event type) | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | | | |
| Revenue | 1 | Gross receipts | 84,031 | | | 84,031 | | | |
| Direct Expenses | 2 | Less: Contributions Gross income (line 1 minus | 74,021 | | | 74,021 | | | |
| | | line 2) | 10,010 | | | 10,010 | | | |
| | 4 | Cash prizes | 0 | | | 0 | | | |
| | 5 | Noncash prizes . | 0 | | | 0 | | | |
| | 6 | Rent/facility costs | 0 | | | 0 | | | |
| | 7 | Food and beverages . | 3,411 | | 0 | 3,411 | | | |
| Direct | 8 | Entertainment | 0 | | 0 | 0 | | | |
| | 9 | Other direct expenses . | 17,689 | | | 17,689 | | | |
| Pa | 10 11 rt III | Direct expense summary. Ac Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9 | act line 10 from line 3, o e organization answe | olumn (d) | | 21,100 -11,090 reported more | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressiva bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | | | |
| | 1 | Gross revenue | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | |
| Expenses | 3 | Noncash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | |
| _ | 5_ | Other direct expenses . | | | | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | | | | |
| | 7 | Direct expense summary, Ac | dd lines 2 through 5 in c | olumn (d) | ▶ | | | | |
| | 8 | Net gaming income summar | y. Subtract line 7 from l | ine 1, column (d) | | | | | |
| 9 | a Is | nter the state(s) in which the or the organization licensed to co "No," explain: | - | s in each of these state | s? | . 🗌 Yes 🗌 No | | | |
| 10 | | ere any of the organization's g "Yes," explain: | | | ated during the tax year | | | | |

| Schedu | ule G (Form 990 or 990-EZ) 2017 | | P | age 3 | | | | | | |
|--|--|-----------|----------|-------|--|--|--|--|--|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | ☐ Ye | s 🗌 | No | | | | | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | ☐ Ye | s 🗔 | No | | | | | | |
| 13 | Indicate the percentage of gaming activity conducted in: | | | | | | | | | |
| а | | | | % | | | | | | |
| b | | | | % | | | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | | | | | | |
| | Name ► | | - | | | | | | | |
| | Address ► | | | | | | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | _ | | | | | | | | |
| | revenue? | ☐ Ye | · 🗆 | No | | | | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | | | | | | | | |
| С | | | | | | | | | | |
| | Name ► | | | | | | | | | |
| | Address ▶ | | | | | | | | | |
| 16 | Gaming manager information | | | | | | | | | |
| | Name ► | | | | | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | | | | | |
| | Description of services provided ▶ | | | | | | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | | | | | | | |
| 17 a | | ☐ Yes | ; [T] | No | | | | | | |
| þ | | | | | | | | | | |
| Part. | IV. Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an | id (v); a | ınd | | | | | | | |
| | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform See instructions. | nation. | | | | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| DOMESTIC VIOLENCE LEGAL EMPOWERMENT AND APPEALS PROJECT-DV LEAP | 20-1076297 |
|--|--|
| Form 990, Part VI, Section B, Line 11b - The Form 990 was prepared by the outside accountant and re | viewed by the organization's senior |
| management and Board of Directors before filing | |
| | |
| Form 990, Part VI, Section B, Line 12c - Senior management maintains and annually updates a file of r signed by each individual. If a conflict arises in connection with the activities of any deliberative body | |
| individual with the conflict must immediately disclose the conflict to the other members of the board | and the individual must not participate in |
| the deliberation, consideration or vote on the transaction or matter of issue. | |
| | |
| Form 990, Part VI, Section B, Line 15 - The Board reviews the Executive Director's and other employee | es salarles in connection with the |
| approval of the annual budget. | |
| | |
| Form 990, Part VI, Section C, Line 19 - The organization provides this information as requested consist and regulations | stent with applicable governing laws |
| ••••••••••••••••••••••••••••••••••••••• | |
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