## \*\* PUBLIC DISCLOSURE COPY \*\*

# 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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	2020 calendar year, or tax year beginning a	nd ending	_	
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Address	THE HUMAN TRAFFICKING LEGAL CENTER			
	Name change	Doing business as		46-13495	84
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1030 15TH STREET NW	104B	202-849-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	817,036.
Ļ	Amende	WASHINGTON, DC 20005		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer: HANTINA E. VANDER	IBERG	for subordinates	—
_		SAME AS C ABOVE	(I)	H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)  b: ► WWW . HTLEGALCENTER . ORG	(1) or 527	<b>⊣</b> ′	list. See instructions
		organization: X Corporation Trust Association Other	I Voor	of formation: 2012	n number ► 1 State of legal domicile: DC
		Summary	L Teal	OF TOTTINALION. ZOIZIN	State of legal doffliche, DC
		Briefly describe the organization's mission or most significant activities: TO	EMPOWER	TRAFFICKED	WOMEN.
Activities & Governance	' 1	MEN, AND CHILDREN TO SEEK JUSTICE.			
ınaı		Check this box  if the organization discontinued its operations or dis	posed of more	e than 25% of its net as	sets
ove	1			3	9
Ğ		Sumber of independent voting members of the governing body (Part VI, line 1	b)	4	8
es 8		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			6
viţi.		otal number of volunteers (estimate if necessary)			12
Acti		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	h۱	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		743,405.	812,649.
		Program service revenue (Part VIII, line 2g)		0. 6,082.	2,558.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,574.	-7,217 <b>.</b>
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		753,061.	807,990.
	_	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.07,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		361,937.	456,953.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	°,	0.	0.
be	b T	otal fundraising expenses (Part IX, column (D), line 25)	336.		
û	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		159,962.	199,704.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		521,899.	656,657.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		231,162.	151,333.
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year
ssets	20 ⊺	otal assets (Part X, line 16)		681,815.	905,683.
et As	21 ⊺	otal liabilities (Part X, line 26)		14,232.	86,767.
	22 1	Net assets or fund balances. Subtract line 21 from line 20		667,583.	818,916.
		Signature Block ies of perjury, I declare that I have examined this return, including accompanying scheo	lulaa and atatam	anta and to the heat of m	/ knowledge and balisf it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information o			y Kilowieuge allu bellel, it is
iiuo	, 0011001	and complete. Deciaration of preparer (office than officer) is based on an information of	i willon proparoi	Thas any knowledge.	
Sig	n	Signature of officer		I Date	
Her		MARTINA E. VANDENBERG, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's si	2	Date Check	PTIN
Pai		rina peacher una t	eacher	8/12/21 if self-employe	
Pre		Firm's name JONES, MARESCA & MCQUADE, P.A.		Firm's EIN ▶	52-1853933
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY,	SUITE		
		COLUMBIA, MD 21044		Phone no.41	0-884-0220
May	v the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Ра	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:
-	TO EMPOWER TRAFFICKED WOMEN, MEN, AND CHILDREN TO SEEK JUSTICE.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  X Yes No
	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?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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.
4a	(Code: ) (Expenses \$ 242,504 · including grants of \$ ) (Revenue \$)
	PUBLIC EDUCATION AND OUTREACH: HTLC EXPANDED ITS WORK IN 2020 TO
	ENCOMPASS TRADE REMEDIES TO COMBAT FORCED LABOR IN SUPPLY CHAINS. THE ORGANIZATION PUBLISHED A GUIDE FOR ADVOCATES, IMPORTING FREEDOM: USING
	THE U.S. TARIFF ACT TO COMBAT FORCED LABOR IN SUPPLY CHAINS. THE
	ORGANIZATION PROVIDED EXTENSIVE TRAINING ON THE TARIFF ACT IN AN EFFORT
	TO DEMYSTIFY THE LAW AND THE PETITION PROCESS FOR ADVOCATES. IN
	ADDITION TO THE TRADE REMEDIES WORK, THE ORGANIZATION CONTINUED TO
	CONDUCT TRAINING ON HUMAN TRAFFICKING THROUGHOUT THE UNITED STATES.
	THE ORGANIZATION WORKED CLOSELY WITH TRAFFICKING SURVIVOR CONSULTANTS
	TO INCREASE THE QUALITY OF TRAINING PROGRAMS FOR PRO BONO ATTORNEYS AND
	OTHER PROFESSIONALS. HTLC CONTINUED TO ADVOCATE FOR MANDATORY
	RESTITUTION FOR TRAFFICKING VICTIMS. DESPITE THE PANDEMIC CONSTRAINTS,  (Code: ) (Expenses \$ 41,544. including grants of \$ ) (Revenue \$ )
4b	(Code:) (Expenses \$41,544. including grants of \$) (Revenue \$)  REFERRALS OF TRAFFICKING CASES TO PRO BONO COUNSEL: HTLC REFERRED 50
	CASES TO PRO BONO ATTORNEYS FOR LEGAL SERVICES IN 2020. THESE REFERRALS
	LEVERAGED MILLIONS OF DOLLARS IN FREE LEGAL SERVICES FOR TRAFFICKING
	VICTIMS WHO OTHERWISE WOULD NOT HAVE HAD LEGAL REPRESENTATION. IN
	ADDITION TO THESE REFERRALS, HTLC HANDLED A SMALL NUMBER OF IMMIGRATION
	AND CIVIL CASES IN HOUSE, REPRESENTING CLIENTS DIRECTLY.
4c	(Code:) (Expenses \$36,996 • including grants of \$) (Revenue \$)
	TECHNICAL ASSISTANCE TO PRO BONO ATTORNEYS: HTLC PROVIDES EXTENSIVE
	TECHNICAL ASSISTANCE AND MENTORING TO ATTORNEYS HANDLING TRAFFICKING
	CASES PRO BONO. IN ADDITION TO A GENERAL RESOURCE LIBRARY, HTLC
	PROVIDES PRO BONO COUNSEL ACCESS TO DATABASES WITH CASE MATERIALS COLLECTED FROM COURTS NATIONWIDE. THE CENTER MAINTAINS A COMPREHENSIVE
	DATABASE OF FEDERAL CIVIL TRAFFICKING CASES. AS OF DECEMBER 2020, THE
	DATABASE INCLUDED MORE THAN 450 CASES. AT THE END OF 2020, MORE THAN
	952 PRO BONO ATTORNEYS AND ADVOCATES NATIONWIDE HAD FREE ACCESS TO THE
	DATABASE. THE ORGANIZATION'S ATTORNEYS PROVIDED 2,893 HOURS IN
	TECHNICAL ASSISTANCE IN 2020. THE ORGANIZATION ALSO MAINTAINS A
	DATABASE OF ALL FEDERAL CRIMINAL TRAFFICKING CASES BROUGHT SINCE 2009.
	AS OF DECEMBER 2020, THE CRIMINAL INDICTMENT DATABASE INCLUDED MORE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 53,163 • including grants of \$ ) (Revenue \$
	Total program service expenses 374, 207.

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	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	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	_
D	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			. v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		$\vdash$
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) THE HUMAN TRAFFICK
Part IV | Checklist of Required Schedules (continued)

			_	т —
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del> </del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
05 -	Part V, line 1	34		X
	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	35a	$\vdash$	┢┸
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	$\vdash$	$\vdash$
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		<del></del>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

032004 12-23-20

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a fet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calednary vaer arching with or within they ware covered by this rutum.  b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of files 1 and 2a is greater than 50,00 um by the required to effect se instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "has it filed a Form 990-T for this year? If Yo? to files 3b, provide an explanation on Schedule O.  3c If Yes, "has the filed a Form 990-T for this year? If Yo? to files 3b, provide an explanation on Schedule O.  3c If Yes, "has the filed a Form 990-T for this year? If Yo? to files 3b, provide an explanation on Schedule O.  3c If Yes, "has the the name of the foreign country."  4c If Yes, "If yes the the name of the foreign country is such that the name of the foreign country."  5a Was the organization sharp try to a prohibited tax sheller transaction. Accounts (FBAP).  5a Was the organization sharp try to a prohibited tax sheller transaction.  5b If Yes, "did the organization that it was or is a party to a prohibited tax sheller transaction."  5c If Yes 1 to les 4b of 5b, did the organization that If was or is a party to a prohibited tax sheller transaction solicit any contributions that were not tax deductibles of enhancemental transaction and the property of the prop				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a ID if the organization have unrelated business goes income of \$1,000 or more during the year?  3b ID if Yes, Thas I filed a form 950° for this year? If Yo' to line 3b, provide an explanation on Schedule 0  3b If Yes, Thas I filed a form 950° for this year? If Yo' to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas I filed a form 950° for this year? If Yo' to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas I filed a form 950° for this year? If Yo' to line 3b, provide an explanation on Schedule 0  3c ID if Yes, That I filed a form 950° for this year?  5c If Yes to line the name of the frogin country.  5c If Yes to line the name of the frogin country.  5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction?  5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction?  5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction?  5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction?  5c If Yes, Tidl the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhipative prohibitotic as whether transaction or gifts were not tax deductibles of exhipative exhipation organization solicit any contributions and party for goods and services provided to the payor?  5c If Yes, Tidl the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhipative exhipative prohibitors and the payor than the pay	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or micre during the year?  3 Did If Yea, "has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0  3 Did If Yea," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0  3 Did If Yea, "the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the provision of t		filed for the calendar year ending with or within the year covered by this return 2a 6			
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if tilled a Form 9907 for this year? If "Not * for its 3b, your provide an explanation on Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, provide an explanation on Schedule O.  5b If "Yes," inter the name of the foreign country.  5a Was the organization a party to a prohibited tax shelter transaction; of the foreign country.  5a Was the organization have for interest of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c In If "Yes * to line Sar o Sb, did the organization the Form 88817.  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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," inclinate the number of forms 8882 filed during the year.  9c Did the organization sell, exchange, or otherwise disposes of tangible personal property for which it was required to the Ferm 88817.  7c X  7d If we, "Indicate the number of Forms 8882 filed during the year.  9c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1984.  8 Sponsoring organizations exceived a contribution of qualified intellectual property, did the organization file a Form 1984.  9 Sponsoring organizations make any taxable didributions under section 4966?  9 Sponsoring orga	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  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?  b If "Yes," enter the name of the foreign country   Sea    5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization file Form 888877.  5b Did any taxable party notify the organization file Form 888877.  5c If "Yes" to line Sa or Sb, did the organization file Form 888877.  5d 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?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization state a may receive deductible contributions on appropriation property for which it was required to the Payor?  7a X  5b If "Yes," include the number of Forms 82827 filed during the year  5c Did the organization neotive a payment in excess of Sim deprity as a contribution of any appropriation for the payment in excess of Sim deprity as a contribution of any appropriation for property of the organization file for mass and the payment in excess of Sim deprity as a contribution of any appropriation for prome 82827  6c Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file for Beat Payment in the organization for prome 82827  7b Did the organization received a contribution of a care, boats, airplanes, or other vehicles		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAP).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibet dat was whether transaction at any time during the tax year?  5b Was the organization that it was or is a party to a prohibited tax whether transaction?  5c If "Yes" to lie So or 5b, did the organization the fire mis 88617  6b 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?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when to tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Uff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8d Uff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d Uff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d Uff "Yes," inclinate than number of Forms 8222 filed during the year to the Form 8222 filed during the year.  10d Uff the organization sell, exchange, or otherwise dispose of tangilise personal property for which it was required to the Form 8222 filed during the year.  10d Uff the organization received a contribution of a contribut	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
the infrancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if 1'Yes, 'retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year?  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6d Does the organization shall may receive deductible as charitable contributions?  6d I 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If I'Yes', did the organization notify the donor of the value of the goods or services provided?  7 I'Yes', did the organization notify the donor of the value of the goods or services provided?  8 I'Yes', did the organization notify the donor of the value of the goods or services provided?  9 I'Yes', did the organization netwee the sumple of the goods or services provided?  10 If Yes', inclinate the number of Forms 8282 fled during the year  10 If the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required?, if I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 8890 as required?, if I the organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4986?  9 Section 501(c)(12) organizations. Enter:  1 In initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  1 In a Bo	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of Sb, did the organization file Form 88687?  5c If "Yes" 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 Dese the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization norify the donor of the value of the goods or services provided?  9 If "Yes," did the organization norify the donor of the value of the goods or services provided?  10 If "Yes," inclinate the number of Forms 8282 filed during the year  10 If "Yes," inclinate the number of Forms 8282 filed during the year  11 If bid the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C7  12 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  13 Sponsoring organization maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn, donor advised fund maintained by the sponsoring organization make a distribution to a chorn of advised fund the organization file a Form 1098-C7  13 Section 501(c)(12) qualified health plans in more than one state?  14 Gross recome from members or shareholders  15 Did the organization received an organiza	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b	_		/11		
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	۵		0		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12			92		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12b 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 15c Note: See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15c Enter the amount of reserves on hand 15c Enter the amount of reserves on hand 15c Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15c Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15c X 15c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c X 15c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c X 15c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c X 15c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c Ix X 15c Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16c Ix X 15c Incomplete Form	_				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					37
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Fe	000	(0000)

Form 990 (2020) THE HUMAN TRAFFICKING LEGAL CENTER 46-1349584 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a   9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		8a	х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
366	tion B. Folicies (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No.
100	Did the expenization have local chapters, branches, or efficience?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		Ha	-25	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	х	
40	in Schedule O how this was done	12c	^	X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	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?			v
	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$
b	Other officers or key employees of the organization	15b		
46	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			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	NT T	NTS.	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, IL, MA, MD, MI, NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARTINA VANDENBERG - 202-849-5708			
	1030 15TH STREET NW, NO. 104B, WASHINGTON, DC 20005		000	(0.0.5
บรวบบ	SI2-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

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

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

#### 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	l	211120		C)	про	nout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week (list any	-					100,	from the	from related organizations	other compensation
	hours for	r direc				pa:		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			oen sat		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARTINA E. VANDENBERG	40.00									
PRESIDENT		Х		Х				118,200.	0.	2,349.
(2) LORELIE MASTERS	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) KATHLEEN PERATIS	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) DAVID W. RIVKIN	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) E. BENJAMIN SKINNER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SUSAN PETERSEN KENNEDY	2.00									
DIRECTOR		Х						0.	0.	0.
(7) KATHY VIZAS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MINKY WORDEN	2.00									•
DIRECTOR		Х						0.	0.	0.
(9) EVELYN CHUMBOW	2.00									0
DIRECTOR		Х	_		_			0.	0.	0.
		ł								
						$\vdash$	$\vdash$			
							$\vdash$			
		1								
						_	L			
		-								
		Г				Г	Г			
						$\vdash$				
	•	_	_	_	_	_	_			

Section A. Onicers, Directors, Trus	tees, key cili	pioy	ees	, all	u ni	igne	St C	ompensated Employe	es (continueu)				
(A) Name and title	(B) Average	verage Position		(D) Reportable	<b>(E)</b> Reportable	)	(F) Estimated						
	hours per week	box,	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related			nount o	of
	(list any hours for	director				p		the organization	organizatio ion (W-2/1099-M			pensa om the	
	related organizations	ustee or	trustee		9 0	npensate		(W-2/1099-MISC)		,	org	anizati d relate	on
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anizatio	
	iiiie)	lnd	lns	#0	Key	en Hig	휸						
1b Subtotal							<u> </u>	118,200.		0.		2,3	49.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								118,200.	0.000 of reportab	0 <b>.</b>		2,3	19.
compensation from the organization									,			V	1
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, oi	r hig	hest compensated emp	oloyee on			Yes	No
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•		4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	any	y unr							37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	uch	pers	son .					5		X
Complete this table for your five highest co										npens	ation 1	rom	
the organization. Report compensation for (A)	the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax y (B)	year.		(0	<del></del>	
Name and business	address	NC	ONE	3				Description of s	ervices	С		nsatio	1
							-						
2 Total number of independent contractors (i	-	ot lir	nite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >				(	U							

Pa	rt VII			5			
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S	- A -	Fordered constraints					30000013 3 12 3 14
ant		Federated campaigns 1a					
يَ ق		Membership dues 1b 1c	157,075.				
ifts, r A	l .	•	131,013.				
nia Big	l	Related organizations 1d Government grants (contributions) 1e					
Sir	l .	All other contributions, gifts, grants, and					
her in	'		655,574.				
真さ	_	Noncash contributions included in lines 1a-1f	033 / 3 / 10				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		812,649.			
<u> </u>	-"	Total. Add lines 1a-11	Business Code	011/01/			
Φ	2 a		Duomisco Couc				
Program Service Revenue	b						
Ser	c						
an eve	d						
ogra Re	e						
Pro	f	All other program service revenue					
	a	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		2,558.			2,558.
	4	Income from investment of tax-exempt bond p	ſ				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
4	b	Less: cost or other basis					
Revenue		and sales expenses					
eve	С	Gain or (loss) 7c					
er R	l .	Net gain or (loss)					
Othe	8 a	Gross income from fundraising events (not					
0		including \$ 157,075. of					
		contributions reported on line 1c). See	0.				
		Part IV, line 18 8a Less: direct expenses 8b	<del> </del>				
	l		J,040.	-9,046.			-9,046.
	l	Net income or (loss) from fundraising events  Gross income from gaming activities. See	<b>P</b>	J,040.			J,040.
	9 4	Gross income from gaming activities. See Part IV, line 19 9a					
	h	Less: direct expenses 9b	<del>                                     </del>				
	l	Net income or (loss) from gaming activities					
	l	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
	l	Net income or (loss) from sales of inventory	<b></b>				
"		, ,	Business Code				
o o	11 a	CREDIT CARD REWARDS	900099	1,829.			1,829.
Miscellaneous Revenue	b						
Sell	С						
Mis	d	All other revenue					
_		Total. Add lines 11a-11d		1,829.			
	12	Total revenue. See instructions		807,990.	0.	0.	-4,659.

Part IX	Statement of Functional Expenses
---------	----------------------------------

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	<u>'</u>		· · · · · · · · · · · · · · · · · · ·	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 540	65,627.	20 010	16,012
_	trustees, and key employees	120,549.	05,047.	38,910.	10,012
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	276,722.	153,641.	85,596.	37,485
7	Other salaries and wages	210,122.	133,041.	03,390.	37,403
8	Pension plan accruals and contributions (include	7,898.		7,898.	
_	section 401(k) and 403(b) employer contributions)	18,119.		18,119.	
9	Other employee benefits	33,665.	18,720.	10,376.	4,569
10	Payroll taxes	33,003.	10,720.	10,370.	4,309
11	Fees for services (nonemployees):				
	Management				
b	9	21,079.		21,079.	
	Accounting	21,019.		21,079.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	• • • • • • • • • • • • • • • • • • • •				
9	· · · · · · · · · · · · · · · · · · ·	00 101	62 005	9 076	0 1/10
	column (A) amount, list line 11g expenses on Sch O.)	80,101.	62,985.	8,976.	8,140
12	Advertising and promotion	10,907.	1,444.	6,190.	3,273
13	Office expenses	3,790.	617.	2,720.	453
14	Information technology	3,790.	017.	4,740.	455
15	Royalties	45,471.		45,471.	
16	Occupancy	10,092.	9,590.	484.	18
17	Travel	10,094.	9,590.	404.	10
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 602	2 502	191.	
19	Conferences, conventions, and meetings	2,693.	2,502.	131.	
20	Interest				
21	Payments to affiliates	2,149.		2,149.	
22	Depreciation, depletion, and amortization	14,845.		14,845.	
23	Insurance Characteristics expenses not severed	14,043.		14,043.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	6 221	2 //7	2 001	
a		6,331.	3,447.	2,884.	
b	T TORNORO AND PREC	1,924.	1,923.	40.	282
C	TAIDDEON COOM ALLOCAMION	322.	53,711.		
d		0.	55,/11.	-66,815.	13,104
	All other expenses	656 657	271 207	100 114	02 226
25	Total functional expenses. Add lines 1 through 24e	656,657.	374,207.	199,114.	83,336
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)				Earm <b>990</b> (202)

Га	ILV	Dalarice Sneet		P 1 H 1 B 1 V			
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			49,518.	1	19,616.
	2	Savings and temporary cash investments			509,845.	2	729,153.
	3	Pledges and grants receivable, net		106,757.	3	137,220.	
	4	Accounts receivable, net			586.	4	. , .
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		· ·		5	
	6	Loans and other receivables from other disqu					
	-	under section 4958(f)(1)), and persons descri				6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			9,507.	9	16,241.
		Land, buildings, and equipment: cost or other					,
		basis. Complete Part VI of Schedule D		12,935.			
	Ь	Less: accumulated depreciation		10,382.	4,702.	10c	2,553.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	900.	15	900.		
	16	Total assets. Add lines 1 through 15 (must e			681,815.	16	905,683.
	17	Accounts payable and accrued expenses	_		14,232.	17	20,667.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
abi		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	66,100.
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			14,232.	26	86,767.
(0		Organizations that follow FASB ASC 958,	check her	e ▶ X			
čě		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			417,884.	27	712,477.
Ä	28	Net assets with donor restrictions		<u></u>	249,699.	28	106,439.
n		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
F F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
SSe	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
ťΑ	31	Retained earnings, endowment, accumulated		<b>_</b>		31	
Se	32	Total net assets or fund balances			667,583.	32	818,916.
	33	Total liabilities and net assets/fund balances			681,815.	33	905,683.

	Check if Schedule O contains a response or note to any line in this Part XI				
			0.0	- A	0.0
	revenue (must equal Part VIII, column (A), line 12)	1		<u>7,9</u>	
	expenses (must equal Part IX, column (A), line 25)	2		6,6	
	nue less expenses. Subtract line 2 from line 1	3			33.
4 Net as	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66	7,5	83.
5 Net u	nrealized gains (losses) on investments	5			
6 Donat	ted services and use of facilities	6			
7 Invest	tment expenses	7			
8 Prior	period adjustments	8			
9 Other	changes in net assets or fund balances (explain on Schedule O)	9			0.
<b>10</b> Net as	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
colum	nn (B))	10	81	8,9	16.
Part XII	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1 Accou	unting method used to prepare the Form 990:   Cash X Accrual Other		_		
If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
separ	ate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b> Were	the organization's financial statements audited by an independent accountant?		2b	X	
If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
consc	olidated basis, or both:				
X	Separate basis Consolidated basis Both consolidated and separate basis				
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
reviev	y, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the	organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
<b>3a</b> Asar	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
Act ar	nd OMB Circular A-133?		За		X
	s," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
or aud	dits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE HUMAN TRAFFICKING LEGAL CENTER **Employer identification number** 46-1349584

Pa	irt I	Reason for Public (	Charity Status.	(All organizations must o	omplete tl	nis part.) S	See instructions.		
Γhe	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or	
		university:							
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ilred by the organization	after June 30, 1975.	
		See section 509(a)(2). (Con	. ,	i vali vika kasik fasi mvilalia as	fatu Caa	<del></del>	20(-)(4)		
11 12		An organization organized an organization organized and a second control of the c		*	•			nurnages of one or	
12		more publicly supported or							
		lines 12a through 12d that						DIRECK THE DOX III	
а		Type I. A supporting orga				•		, aivina	
-		the supported organization	· · · · · · · · · · · · · · · · · · ·		•				
		organization. You must o		• • • •	a majority	or and and		sapporting	
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	avina	
		control or management of							
		organization(s). You mus			•				
С		Type III functionally inte			in connec	tion with,	and functionally integrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.		
е		☐ Check this box if the orga					a Type I, Type II, Type III		
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	ing organi	zation.			
f		er the number of supported of							
g		vide the following information  i) Name of supported	about the supporte	(iii) Type of organization		nization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))	103	140			
Γota	al								

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	549,666.	605,551.	371,605.	743,405.	812,649.	3082876.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	540 666	605 554	004 605	<u> </u>	010 610	22225
4	Total. Add lines 1 through 3	549,666.	605,551.	371,605.	743,405.	812,649.	3082876.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						129,773.
	Public support. Subtract line 5 from line 4.						2953103.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 605,551.	(c) 2018 371,605.	(d) 2019 743,405.	(e) 2020 812,649.	(f) Total 3082876.
	Amounts from line 4	549,666.	605,551.	3/1,605.	/43,405.	812,649.	3082876.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				6 000	0 550	0 640
	and income from similar sources				6,082.	2,558.	8,640.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1 2/1	1 227	072	2 574	1 000	0 044
	assets (Explain in Part VI.)	1,341.	1,227.	973.	3,574.	1,829.	8,944. 3100460.
	Total support. Add lines 7 through 10		,			10	17,747.
12	Gross receipts from related activities,					12	1/,/4/•
13	First 5 years. If the Form 990 is for the				-		. □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	95.25 %
	Public support percentage from 2019					15	99.02 %
	33 1/3% support test - 2020. If the o						,,,
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						\
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶

Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	<u> </u>	1 ,	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5		+	+	+	+	
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					$\overline{}$	%
	Investment income percentage from 2						%
19a	a 33 1/3% support tests - 2020. If the						17 is not
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶∟∟ and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
		·		Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effecti	ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect		C. Type II Supporting Organizations			
		,		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's see or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	_		
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
3		activities but for the organization's involvement.	2b		
		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b> e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
		supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations						
1									
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	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							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
e	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see					

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	rt v   Type III Non-Functionally integrated	ว อบะ	(a)(3) Supporting Org	anizations <sub>(contint</sub>	ued)	
Secti	tion D - Distributions			•		Current Year
1	Amounts paid to supported organizations to accomplis	1				
2	Amounts paid to perform activity that directly furthers					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt p	urpos	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	ed - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruction				6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to w	hich t	he organization is responsiv	e		
	(provide details in Part VI). See instructions.		no organization to respondi	-	8	
9	Distributable amount for 2020 from Section C, line 6				9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)		(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	on-				
	able cause required - explain in Part VI). See instructio	ns.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, it	f				
	any. Subtract lines 3g and 4a from line 2. For result gre	eater				
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines	3h				
	and 4b from line 1. For result greater than zero, explain	in in				
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
b	Excess from 2017					
C	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: CREDIT CARD REWARDS 2016 AMOUNT: \$ 1,341. 2017 AMOUNT: 1,227. 2018 AMOUNT: 973. 3,574. 2019 AMOUNT: 2020 AMOUNT: 1,829.

**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,

Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

Employer identification number

46-1349584

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

## THE HUMAN TRAFFICKING LEGAL CENTER

46-1349584

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Humo, addition, and En 1 1	\$85,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$_	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## THE HUMAN TRAFFICKING LEGAL CENTER

46 - 1349584

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Name of organization **Employer identification number** 46-1349584 THE HUMAN TRAFFICKING LEGAL CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

**Employer identification number** 46-1349584

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ü	b	Training of violations, and emoreing conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	<b>\$</b>		caccinicate adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce 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		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
<b>b</b> Buildings									
c Leasehold improvements									
d Equipment		12,935.	10,382.	2,553.					
e Other									
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE HUMAN 7	TRAFFICKING	LEGAL CENTER	46-1349584 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990, Part IV	, line 11b. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		, line 11d. See Form 990, Part X,	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	ne 15.)		
	" on Form 000 Dort IV	line 11e er 11f Coe Form 000	Dort V. line 05
Complete if the organization answered "Yes"  1. (a) Description of liability	on Form 990, Part IV	, line TTe or TTI. See Form 990,	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			

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 reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(8)

Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturr	) <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,466,626.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	649,590.		
С	Recoveries of prior year grants	2c			
d	(- n 1 - 1 - 1 n 1 )		9,046.		
е	Add lines 2a through 2d			2e	658,636.
3	Subtract line 2e from line 1			3	807,990.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	807,990.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	1,315,293.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	649,590.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	9,046.		
е	Add lines 2a through 2d			2e	658,636.
3	Subtract line 2e from line 1			3	656,657.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	656,657.
Pai	rt XIII Supplemental Information.				
PAI	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2:	y additional infor	mation.		
	E HUMAN TRAFFICKING LEGAL CENTER RECOGNI				
POS	SITIONS ONLY IF THOSE POSITIONS ARE MORE	E LIKELY	THAN NOT O	F B	EING
SUS	STAINED. THE HUMAN TRAFFICKING LEGAL CEN	TER BELI	EVES THAT	IT I	HAS
API	PROPRIATE SUPPORT FOR ANY TAX POSITIONS	TAKEN, A	ND AS SUCH	, D	DES NOT
/AH	VE ANY UNCERTAIN TAX POSITIONS THAT ARE	MATERIAL	TO THE FI	NAN	CIAL
STA	ATEMENTS.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	ECIAL FUNDRAISING EVENT EXPENSES				9,046.
OF I	TOTALL LOUDINGTOING EARNI EVERNORS				9,040•

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

Employer identification number

	AN TRAFFICKING LEG	AL	CEN	TER	46-1349	584
Part I Fundraising Activities required to complete this par	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal			<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l									
		of fundraising event contributions and gr	1	EZ,						ts greater than \$5,000.
			(a) Event #1 ON MY SIDE CAMPAIGN		<b>(b)</b> Event #2		(0	Other ev NONE		(d) Total events (add col. (a) through
Ф			(event type)		(event type)			(total numl	oer)	col. <b>(c)</b> )
Revenue	1	Gross receipts	157,075.							157,075.
	2	Less: Contributions	157,075.							157,075.
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
S	5	Noncash prizes								
pense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								9,046.
	10	, ,							▶	9,046.
Do	11	,			5					-9,046.
Pa	ונו	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1 990	, Part IV, line	19, or	repo	rtea more i	inan	
4)		ψ10,000 011 0111 000 E2, iiile 0a.	(a) Diama	(k	) Pull tabs/insta	ant		) OH		(d) Total gaming (add
Revenue			(a) Bingo	bing	o/progressive b	oingo	(0	) Other ga	ming	col. (a) through col. (c)
Rev										
	1	Gross revenue								
ses	2	Cash prizes								
Direct 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. Add lines 2 through	n 5 in column (d)						▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u></u>			🕨	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:							
а	ls t	the organization licensed to conduct gaming a	_	state	s?					Yes No
b	If "	No," explain:								
		ere any of the organization's gaming licenses re	evoked, suspended, or to	ermin	ated during th	ne tax	year	?		Yes No
b	IT "	Yes," explain:								

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 THE HUMAN TRAFFICKING LEGAL CENTER 46-	1349584	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			<del>//</del>
	An outside facility	130	70
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?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$		
c	If "Yes," enter name and address of the third party:		
	Too, onto hame and address of the time party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a supplemental Information.	art III. lines 9. !	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, ,
	100, 100, 10, and 170, as applicable. 7 100 provide any additional information. Cost metablication.		
_			

Schedule G	(Form 990 or 990-EZ)	THE HUMAN	TRAFFICKING	LEGAL	CENTER	46-1349584 Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	ormation (continued	d)			
		· · · · · · · · · · · · · · · · · · ·	,			
-						
-						
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•						
•						
•						

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

Employer identification number 46-1349584

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TRAFFICKING SURVIVOR LEADERSHIP PROGRAM IS A WEBINAR SERIES FOR

SURVIVOR LEADERS IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HTLC STAFF MEMBERS CONDUCTED PRESENTATIONS (VIA ZOOM) AT UNIVERSITIES,

LAW SCHOOLS, AND CONFERENCES. THE ORGANIZATION LAUNCHED A NEW WEBINAR

SERIES, "VOICES FROM THE LITIGATION FRONTLINES," TO RAISE THE PROFILE

OF IMPORTANT TRAFFICKING AND FORCED LABOR CASES BROUGHT AROUND THE

GLOBE. THE ORGANIZATION CONTINUED TO PUBLICIZE THE AVAILABILITY OF

CIVIL LITIGATION AS A VEHICLE TO OBTAIN JUSTICE AND COMPENSATION FOR

TRAFFICKING SURVIVORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 2,437 FEDERAL CHARGING DOCUMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DATABASE MANAGEMENT: THE DATABASE MANAGEMENT EFFORT SUPPORTS THE HUMAN

TRAFFICKING LEGAL CENTER'S WORK ON CRIMINAL RESTITUTION FOR TRAFFICKING

SURVIVORS AND TECHNICAL ASSISTANCE TO PRO BONO ATTORNEYS ON CIVIL AND

CRIMINAL CASES.

EXPENSES \$ 33,994. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAINING OF PRO BONO ATTORNEYS: HTLC HAS TRAINED MORE THAN 4,000 PRO

BONO ATTORNEYS AT LAW FIRMS AND NON-GOVERNMENTAL ORGANIZATIONS ACROSS

THE UNITED STATES. HTLC PROVIDES THESE TRAINING SESSIONS FREE OF

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

THE HUMAN TRAFFICKING LEGAL CENTER

Employer identification number 46-1349584

CHARGE. THE CURRICULUM INCLUDES INSTRUCTION FOR PRO BONO ATTORNEYS ON

CRIMINAL RESTITUTION FOR TRAFFICKING VICTIMS, CIVIL LITIGATION ON

BEHALF OF TRAFFICKING VICTIMS, STRATEGIC LITIGATION, AND IMMIGRATION

RELIEF FOR VICTIMS. THE CENTER HAS REACHED THOUSANDS MORE ATTORNEYS

THROUGH ON-LINE TRAINING SESSIONS, NATIONAL WEBINARS, AND NATIONAL

CONFERENCES.

EXPENSES \$ 12,502. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADVOCACY: HTLC FILED TWO AMICUS BRIEFS IN HUMAN TRAFFICKING CASES

PENDING IN THE FEDERAL APPELLATE COURTS, ONE IN THE SUPREME COURT OF

THE U.S., AND A SECOND IN THE NINTH CIRCUIT COURT OF APPEALS. THE

ORGANIZATION CONDUCTED ADVOCACY WITH THE PUBLIC AND GOVERNMENT AGENCIES

ON HUMAN TRAFFICKING POLICY ISSUES. HTLC'S ADVOCACY IN 2020 FOCUSED ON

TRADE REMEDIES FOR FORCED LABOR IN GLOBAL SUPPLY CHAINS; RIGHTS FOR

DOMESTIC WORKERS TRAFFICKED BY DIPLOMATS; AND THE RIGHT OF TRAFFICKING

SURVIVORS TO BRING CIVIL CASES IN THE FEDERAL COURTS.

EXPENSES \$ 6,667. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAFFICKING SURVIVOR LEADERSHIP PROGRAM: HTLC CONTINUED THE SURVIVOR

LEADERSHIP PROGRAM, LAUNCHING A MONTHLY WEBINAR FOR TRAFFICKING

SURVIVORS ACROSS THE UNITED STATES. TOPICS INCLUDED SURVIVORS'

LEADERSHIP IN THE WORKPLACE, A SURVIVOR'S PERSPECTIVE ON CIVIL

LITIGATION AND CRIMINAL PROSECUTION, CRIMINAL RECORD RELIEF, AND CREDIT

ISSUES. TRAFFICKING SURVIVORS LED MANY OF THESE SESSIONS. IN ALL, THE

WEBINAR SERIES REACHED 237 SURVIVORS AND ADVOCATES. IN ADDITION TO THE

WEBINAR SERIES, THE ORGANIZATION ALSO LAUNCHED A PROGRAM TO SUPPORT

SURVIVORS IN THE MIDST OF THE PANDEMIC. THE ORGANIZATION DISTRIBUTED

GROCERIES TO SURVIVORS, SENT CARE PACKAGES, AND CONNECTED SURVIVORS TO

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  THE HUMAN TRAFFICKING LEGAL CENTER	Employer identification number 46-1349584
RESOURCES TO SUPPORT THEIR FAMILIES DURING THE PANDEMIC.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE REVIEWS THE	FORM 990. IT IS
THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE	IT IS FILED WITH
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS SENT TO ALL BOARD MEMBERS	IN Q1 EACH YEAR
AND MUST BE SIGNED AND RETURNED TO CONTINUE SERVING ON THE	HE BOARD. THE
OPERATIONS MANAGER FOLLOWS UP EACH YEAR.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	Y OF FORM 990:
CA, CO, CT, FL, IL, MA, MD, MI, NC, NJ, NY, OH, PA, VA, WA	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	62,985
MANAGEMENT AND GENERAL EXPENSES	8,976
FUNDRAISING EXPENSES	8,140
TOTAL EXPENSES	80,101
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	80,101
FORM 990, PART XII, LINE 2C:	
032212 11-20-20 Sch	nedule O (Form 990 or 990-EZ) 202

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# 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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	For the	2020 calendar year, or tax year beginning	and ending	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	- v		46-13495	84
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/ termin-		104B	202-849-	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	817,036.
F	return	WASIIINGION, DC 20005	ATD EDC	H(a) Is this a group re	
L	tion pendin	F Name and address of principal officer: MAKIIMA E. VANDE	NBERG	for subordinates	—
_	T		)(1) or 52	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a) e: ► WWW • HTLEGALCENTER • ORG	)(1) 01 52.	<b>⊣</b> ′	list. See instructions
		organization: X Corporation Trust Association Other	I Veal	H(c) Group exemption 2012	1 State of legal domicile: DC
		Summary	<b>L</b> 1001	TOTTOTTIALION. 2022	Viciale of logal dofficile.
		Briefly describe the organization's mission or most significant activities: TO	EMPOWE	R TRAFFICKED	WOMEN,
Activities & Governance	' :	MEN, AND CHILDREN TO SEEK JUSTICE.			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or di	sposed of mor	e than 25% of its net as	ssets.
ove	1			3	9
জ	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	8
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	6
ĭ		Total number of volunteers (estimate if necessary)			12
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
ne				Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		743,405.	812,649.
Revenue		Program service revenue (Part VIII, line 2g)		6,082.	2,558.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,574.	-7,217.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		753,061.	807,990.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		361,937.	456,953.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
g	b.	Total fundraising expenses (Part IX, column (D), line 25)	,336.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		159,962.	199,704.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		521,899.	656,657.
	19	Revenue less expenses. Subtract line 18 from line 12		231,162.	151,333.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		681,815.	905,683.
et A	21	Total liabilities (Part X, line 26)		14,232.	86,767.
		Net assets or fund balances. Subtract line 21 from line 20		667,583.	818,916.
	art II	Ities of perjury, I declare that I have examined this return, including accompanying sche	dulae and etator	mente and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information (		•	y Kilowieuge allu bellel, it is
	, 001100	t, and complete. Declaration of property (other than officer) to become off an information of	or willon propure	in nao any knowleago.	
Sig	n	Signature of officer		Date	
Hei		MARTINA E. VANDENBERG, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	TINA PEACHER		ıt self-employ	
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A			52-1853933
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY	, SUITE		0 004 0000
		COLUMBIA, MD 21044		Phone no.41	0-884-0220
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form **990** (2020)

374,207.

) (Revenue \$

Total program service expenses

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	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	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			. v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		$\vdash$
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

#### Part IV | Checklist of Required Schedules (continued)

				Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
<b>2</b> 4a	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ.	
, u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is defined to define a recipende of flote to diff fille in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			1.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	<b>2</b> b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b 5c		X				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are expressed in the contribution of t	-							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	Outre and the state of the stat	_	х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	21					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		7c		x				
٨	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X				
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?								
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? $\dots$		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
			Farm	OOO.	(2020)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			.,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion b. Folicies (This Section & requests information about policies not required by the internal nevenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ioa		<del></del>
	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?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	116		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	ד זא י	NTSZ	
17	List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, IL, MA, MD, MI, NO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)			
10		ad fina	noicl	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	iu iina	iciai	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MARTINA VANDENBERG - 202-849-5708			
	1030 15TH STREET NW, NO. 104B, WASHINGTON, DC 20005			
03300	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

#### Form 990 (2020)

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

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

C+: A	Officers, Directors,	Turreto o Vo	. F	بالممام والماليا الموسو	^ I	
Section A	Unticers Directors	ITHISTOPS NO	/ Emninvees	and Highest	i omnensaten i	-mninvees

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	Cei ai	lu a u	III ecit	)/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (	stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	ıal tru		) yee	ompe		,		and related
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	High	Forr			
(1) MARTINA E. VANDENBERG	40.00			l				440.000		0 040
PRESIDENT		Х		Х				118,200.	0.	2,349.
(2) LORELIE MASTERS	2.00			l						
CHAIR		Х		Х				0.	0.	0.
(3) KATHLEEN PERATIS	2.00									_
VICE CHAIR	1	Х		Х			_	0.	0.	0.
(4) DAVID W. RIVKIN	2.00			l						
TREASURER		Х		Х				0.	0.	0.
(5) E. BENJAMIN SKINNER	2.00			l						
SECRETARY		Х		Х				0.	0.	0.
(6) SUSAN PETERSEN KENNEDY	2.00									
DIRECTOR		Х						0.	0.	0.
(7) KATHY VIZAS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MINKY WORDEN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) EVELYN CHUMBOW	2.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								
							_			
		-								
		_	_	_	_	_	_			
		-								
										- 000

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A)	(B)			((	-			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		l	timate	
	hours per week					is bot or/trus		compensation compensat			l	nount o other	of
	(list any	tor					Ė	from the	from related organizations		l	otner pensa	tion
	hours for	Individual trustee or director				pe		organization	(W-2/1099-MIS		l .	om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC)		,	org	anizati	ion
	organizations	al trus	Institutional trustee		key employee	Highest compensated employee					l	d relat	
	below line)	dividu	stitutic	Officer	yemp	ghest	Former				orga	anizatio	ons
		트	Ë	₽	- S	宝岩	요						
		$\frac{1}{2}$											
		_											
		$\frac{1}{1}$											
								110 000		_			4.0
1b Subtotal								118,200.		0.		2,3	<u>49.</u> 0.
c Total from continuation sheets to Part V								118,200.		0.		2,3	
d Total (add lines 1b and 1c)								-	000 of reportab			2,5	<u> </u>
compensation from the organization	iot iiiriited to ti	1036	liste	ou ai	JOVE	C) WI	10 11	eceived more than \$100	,000 or reportab	iiC			1
-												Yes	No
3 Did the organization list any former officer		-	•		•		_		•				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si								•	the organization				v
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con										5	5		Х
Section B. Independent Contractors	ipiete deriedai	C 0 1	01 30	ucii	pers	3011 .							
1 Complete this table for your five highest co										npens	ation	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.		10	*1	
<b>(A)</b> Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	ervices	С	<b>))</b> ompe	<b>/)</b> nsatio	n
							$\dashv$						
							4						
2 Total number of independent contractors (		ot li	mite	d to		se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	zation 📂										_	<u> </u>	2000)

		Check if Schedule O contains a response or note to any lin	e in this Part VIII
		Officer if Gorieddie G contains a response of flore to any in	te in this Part VIII  (A) (B) (C) (D)  Total revenue Related or exempt Unrelated Revenue excluded
			Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under
			sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns1a	
Gra	- 1	b Membership dues	
ts, Am		Fundraising eventstc 157,075.	
Gif		d Related organizations 1d	
ns, Sim		e Government grants (contributions)	
itio er S	1	f All other contributions, gifts, grants, and	
J. H		similar amounts not included above 1f 655,574.	
ont od (	!	Noncash contributions included in lines 1a-1f	010 610
<u>a</u> C		h Total. Add lines 1a-1f	812,649.
		Business Code	
Program Service Revenue	2	a	
erv	١	b	
m S	•		
grai Rev		d	
roç		e	
-		f All other program service revenue	
		g Total. Add lines 2a-2f	
	3	Investment income (including dividends, interest, and	2,558.
		other similar amounts)	2,330.
	4	Income from investment of tax-exempt bond proceeds	
	5	Royalties (ii) Personal	
	6		
	_	a Gross rents 6a 6b 6b	
		c Rental income or (loss) 6c	
		d. Nick would be come on (local)	
		a Gross amount from sales of (i) Securities (ii) Other	
	•	assets other than inventory 7a	
		b Less: cost or other basis	
ne		and sales expenses <b>7b</b>	
Revenue		c Gain or (loss) 7c	
Re		d Net gain or (loss)	
jer		a Gross income from fundraising events (not	
퓽		including \$ 157,075. of	
		contributions reported on line 1c). See	
		Part IV, line 18	
	ı	b Less: direct expenses 8b 9,046.	
		Net income or (loss) from fundraising events	-9,046.
	9	a Gross income from gaming activities. See	
		Part IV, line 19	
	- 1	b Less: direct expenses9b	
	(	c Net income or (loss) from gaming activities	
	10	a Gross sales of inventory, less returns	
		and allowances 10a	
		b Less: cost of goods sold10b	
		Net income or (loss) from sales of inventory	
sn		Business Code	1 020
ne ne	11 :		1,829.
Miscellaneous Revenue		b	
Sce		C	
Ξ		d All other revenue	1,829.
		e Total Add lines 11a-11d	807,990. 0. 04,659.
	12	Total revenue. See instructions	001,0000 00 00 -4,000.

#### Part IX | Statement of Functional Expenses

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 respons				(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 540	65 605	22 24 2	46 040
	trustees, and key employees	120,549.	65,627.	38,910.	16,012
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	276,722.	153,641.	85,596.	37,485
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,898.		7,898.	
9	Other employee benefits	18,119.		18,119.	
10	Payroll taxes	33,665.	18,720.	10,376.	4,569
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	21,079.		21,079.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	80,101.	62,985.	8,976.	8,140
12	Advertising and promotion	•	,	•	,
13	Office expenses	10,907.	1,444.	6,190.	3,273
14	Information technology	3,790.	617.	2,720.	453
15	Royalties	7,1200	<u> </u>		
16		45,471.		45,471.	
17	Occupancy	10,092.	9,590.	484.	18
17 18	Travel	10,0320	3,3300	1011	
10	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,693.	2,502.	191.	
19	Conferences, conventions, and meetings	2,055.	2,502.	1710	
20	Interest				
21	Payments to affiliates	2,149.		2,149.	
22	Depreciation, depletion, and amortization	14,845.		14,845.	
23	Insurance Char expanses Itamias expanses not several	14,040.		14,040.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTION	6,331.	3,447.	2,884.	
b	MISCELLANEOUS	1,924.	1,923.	1.	
c	LICENSES AND FEES	322.		40.	282
d	INDRECT COST ALLOCATION	0.	53,711.	-66,815.	13,104
	All other expenses		,	,	,
25	Total functional expenses. Add lines 1 through 24e	656,657.	374,207.	199,114.	83,336
26	Joint costs. Complete this line only if the organization	,		,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		49,518.	1	19,616.	
	2	Savings and temporary cash investments			509,845.	2	729,153.
	3	Pledges and grants receivable, net	106,757.	3	137,220.		
	4	Accounts receivable, net		586.	4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	contributor, or 35%				
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			9,507.	9	16,241.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	12,935.			
	b	Less: accumulated depreciation	10b	10,382.	4,702.	10c	2,553.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		900.	15	900.	
	16	Total assets. Add lines 1 through 15 (must e		ı	681,815.	16	905,683.
	17	Accounts payable and accrued expenses		14,232.	17	20,667.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offic	cer, director,			
≣		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unr	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	66,100.
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D		F	14 020	25	06 767
	26	Total liabilities. Add lines 17 through 25			14,232.	26	86,767.
S		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			417 004		710 477
ala	27	Net assets without donor restrictions			417,884.	27	712,477.
ф	28	Net assets with donor restrictions			249,699.	28	106,439.
Ë		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
or F		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		<b>_</b>	((7 502	31	010 016
ž	32	Total net assets or fund balances			667,583.	32	818,916.
	33	Total liabilities and net assets/fund balances			681,815.	33	905,683.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2	65	6,6	<del>57.</del>			
3	Revenue less expenses. Subtract line 2 from line 1	3	15	1,3	33.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	81	8,9	16.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE HUMAN TRAFFICKING LEGAL CENTER Employer identification number 46-1349584

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4								the hospital's name		
•		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:								
5		An organization operated for	or the benefit of a co	llogo or university owner	d or opera	tod by a g	overnmental unit describ	and in		
3				nege of drilversity owner	o opera	ted by a g	overnmentar unit descrit	Ded III		
_		section 170(b)(1)(A)(iv). (C				70(1 )(4)(A)	( )			
6		A federal, state, or local gov								
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or		
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in		
		lines 12a through 12d that					. , , ,			
а		Type I. A supporting orga				•	, ,	v aivina		
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·						
		organization. You must o				oo ao		, app 69		
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	avina		
		control or management o	•					-		
		organization(s). You mus			arrie perso	ons that co	ontrol of manage the sup	pported		
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with		
·		its supported organization	-					ea with,		
d		Type III non-functionally		•				ization(a)		
u								• •		
		that is not functionally int	-		•		•	iveriess		
		requirement (see instruct	•							
е		☐ Check this box if the orga					a Type I, Type II, Type III			
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.				
f		er the number of supported o		-l						
9		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other		
	`	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)		
		-		above (see instructions))	103	140				
Γota										

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

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

Sec	ction A. Public Support	71		,				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and		,	,	( )	` '	( )	
	membership fees received. (Do not							
	include any "unusual grants.")	549,666.	605,551.	371,605.	743,405.	812,649.	3082876.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	F40 666	605 551	201 605	742 405	010 640	2000076	
	Total. Add lines 1 through 3	549,666.	605,551.	371,605.	743,405.	812,649.	3082876.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						120 772	
_	column (f)						129,773. 2953103.	
	Public support. Subtract line 5 from line 4.						2933103.	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total	
	Amounts from line 4	(a) 2016 549,666.	(b) 2017 605,551.	(c) 2018 371,605.	(d) 2019 743,405.	(e) 2020 812,649.	(f) Total 3082876.	
	Gross income from interest,	343,000.	003,331.	371,003.	745,405	012,013.	30020701	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources				6,082.	2,558.	8,640.	
a	Net income from unrelated business				0,0020	2,0001	0,0101	
·	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,341.	1,227.	973.	3,574.	1,829.	8,944.	
11	<b>Total support.</b> Add lines 7 through 10						3100460.	
12		etc. (see instruction	ons)			12	17,747.	
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop	here					<b>&gt;</b>	
Sec	ction C. Computation of Publ							
14	Public support percentage for 2020 (	line 6, column (f), c	divided by line 11,	column (f))		14	95.25 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	99.02 %	
16a	33 1/3% support test - 2020. If the o	•		•		•		
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>	
b	33 1/3% support test - 2019. If the o	-						
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes	_						
	and if the organization meets the fact			-		_		
_	meets the facts-and-circumstances to	-		*	-			
b	10% -facts-and-circumstances tes	ū				•	10% or	
	more, and if the organization meets the				-		<b>.</b> —	
	organization meets the facts-and-circ							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

Section A. Public Support	ow, piease com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2019	(d) 2010	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(6) 2020	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			<u> </u>			
<b>14 First 5 years.</b> If the Form 990 is for the				•		
						<b>&gt;</b> L
Section C. Computation of Public			, ,,,,,		11	
15 Public support percentage for 2020 (lin					15	9
Public support percentage from 2019 s					16	9
Section D. Computation of Invest					147	
17 Investment income percentage for 202					17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2020. If the o	-					/ is not
more than 33 1/3%, check this box and <b>b 33 1/3% support tests - 2019.</b> If the o						▶∟_ and _
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	40		
	4a		
	41		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	7		
	c		
	8		
	9a		
	9b		
	9c		
	10a		
_	10b	00 E7	

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Sec	tion C. Type II Supporting Organizations		l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
000	aon B. 7th Type in Supporting Organizations		Yes	No
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		res	NO
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?	1		
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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	•		
a	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	nol	
C		Struction		No
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
1.	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI Supplemental I	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; ines 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	on 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, s, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
CREDIT CARD REWAL	RDS
2016 AMOUNT: \$	1,341.
2017 AMOUNT: \$	1,227.
2018 AMOUNT: \$	973.
2019 AMOUNT: \$	3,574.
2020 AMOUNT: \$	1,829.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

Employer identification number

46-1349584

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

#### THE HUMAN TRAFFICKING LEGAL CENTER

46-1349584

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$130,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 85,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### THE HUMAN TRAFFICKING LEGAL CENTER

46-1349584

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 46-1349584 THE HUMAN TRAFFICKING LEGAL CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

**Employer identification number** 46-1349584

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	<b>\$</b>		V ( ) ( ) ( )
8	Does each conservation easement reported on line 2(d) about		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemen	its that describes the
Pai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		ioi oliillai 7.000to.
12	If the organization elected, as permitted under FASB ASC 95		d halance sheet works
ıu	of art, historical treasures, or other similar assets held for pu	, ,	
	service, provide in Part XIII the text of the footnote to its fina	,	•
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	z z.az.son, saasason, or rootaron in futilio	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		' <u> </u>
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		,, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ar Asse	t <b>s</b> (contii	nued)	.5-
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make s	ignificant	use of its	;		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	ion's exer	mpt purpo	se in Pai	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	storical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, o		
	reported an amount on Form 990, Par	t X, line 21.		_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII					
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line 1	10.				
	·	(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	•									
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as:						
	Board designated or quasi-endowment	,	%	J, (	"						
	Permanent endowment	%	_								
	· · · · · · · · · · · · · · · · · · ·	<u></u>									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	at are held a	and administe	ered for th	ne organiz	ation			
	by:	Ü					Ü		1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part I	/, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d T	(d) Boo	k value	 е
	2000.,p.110.11 01 p. 10 p. 11.	basis (investr			(other)		reciation	_	(-,		
	Land	<del>'</del>	,		, ,						
	Buildings										
	Leasehold improvements										
	Equipment			1	2,935.		10,38	32.		2,5	53.
	Other			_	,		- , - ,			, ,	
	. Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B). line 1	1 10c.)					2,5	53.

Schedule D (Form 990) 2020

0011000010 2 (1 01111 000) 2020	RAFFICKING LE	GAL CENTER 46	-1349584 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	•		d of year market yelve
	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) 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 valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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 line 15	
	Description	11d. 000 1 01111 000, 1 drt X, iiilo 10.	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	4=1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)	<b>_</b>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			

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 reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(4) (5) (6) (7) (8)

TH P	HUMAN	J.KA	P'P'I(:K	I INC÷	LiPi(÷A Li	CHINT	'FiK	- 4	10-1349

Га	neconciliation of nevertice per Aud		AAILI	ricveniae per ri	Ctarr	••
	Complete if the organization answered "Yes"					1 466 606
1	, 3 , 11 1				1	1,466,626.
2	•	· · · · · · · · · · · · · · · · · · ·	1			
а	<b>5</b> , ,		_	640 500		
b			_	649,590.		
С	1 7 3		$\overline{}$	0 046		
d	,	20	d	9,046.		650 636
е					2e	658,636.
3	***************************************				3	807,990.
4	Amounts included on Form 990, Part VIII, line 12, but	ı				
а	a Investment expenses not included on Form 990, Part	: VIII, line 7b	a			
b	b Other (Describe in Part XIII.)	41	b			
С					4c	0.
5					5	807,990.
Pa	art XII Reconciliation of Expenses per Au	dited Financial Statements	Wit	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes"					
1	Total expenses and losses per audited financial state	ments			1	1,315,293.
2	Amounts included on line 1 but not on Form 990, Par	t IX, line 25:				
а	a Donated services and use of facilities	22	а	649,590.		
b	Prior year adjustments	21	b			
С			С			
d	d Other (Describe in Part XIII.)	20	d	9,046.		
е	e Add lines 2a through 2d				2e	658,636.
3					3	656,657.
4						
а		1	a			
b			b			
С					4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal				5	656,657.
	art XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·				
Prov	vide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4; Part IV, lin	nes 1b	and 2b; Part V, line	l; Part	X, line 2; Part XI,
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complet					, , ,
	, , , , , , , , , , , , , , , , , , , ,					
PAI	ART X, LINE 2:					
TH	IE HUMAN TRAFFICKING LEGAL C	ENTER RECOGNIZES T	ΉE	EFFECT OF	INC	OME TAX
PO	SITIONS ONLY IF THOSE POSIT	IONS ARE MORE LIKE	LY	THAN NOT O	F B	EING
SU	STAINED. THE HUMAN TRAFFICK	ING LEGAL CENTER B	EL]	EVES THAT	IT 1	HAS
AP:	PROPRIATE SUPPORT FOR ANY TO	AX POSITIONS TAKEN	Γ, <i>Έ</i>	AND AS SUCH	, D	OES NOT
					<u>-</u>	
HΑ	VE ANY UNCERTAIN TAX POSITION	ONS THAT ARE MATER	IAI	TO THE FI	NAN	CIAL
						<u>-</u>
ST	ATEMENTS.					
	·					
PAI	ART XI, LINE 2D - OTHER ADJUS	STMENTS:				
SPI	ECIAL FUNDRATSING EVENT EXP	ENSES				9 046
SP	PECIAL FUNDRAISING EVENT EXP	ENSES				9,046.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

Employer identification number 46-1349584

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part									
required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations  e Solicitation of non-government grants  b Internet and email solicitations  f Solicitation of government grants  c Phone solicitations  g Special fundraising events  d In-person solicitations  2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
(i) Name and address of individual or entity (fundraiser)									
		Yes	No						
Fotal			<b></b>						
<b>3</b> List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration			
					·				

Schedule G (Form 990 or 990-EZ) 2020

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ON MY SIDE NONE (add col. (a) through CAMPAIGN col. (c)) (event type) (total number) (event type) Revenue 157,075. 157,075 1 Gross receipts 157,075 157,075. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9,046. Other direct expenses 9,046. 9,046 **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,046. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain: \_\_\_

Schedule G (Form 990 or 990-EZ) 2020

	)-1349364	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	└── No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
		<del>//</del>
b An outside facility		70
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?	L Yes	└── 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 > \$		
c If "Yes," enter name and address of the third party:		
on roo, onto hame and address of the third party.		
Name ▶		
Name		
Address -		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,

Schedule G	i (Form 990 or 990-EZ)	$\mathtt{THE}$	HUMAN	TRAFFICKING	LEGAL	CENTER	46-1349584 <sub>Pa</sub>	ge <b>4</b>
Part IV	i (Form 990 or 990-EZ) Supplemental Info	mation	(continued)					

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE HUMAN TRAFFICKING LEGAL CENTER

**Employer identification number** 46-1349584

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TRAFFICKING SURVIVOR LEADERSHIP PROGRAM IS A WEBINAR SERIES FOR SURVIVOR LEADERS IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HTLC STAFF MEMBERS CONDUCTED PRESENTATIONS (VIA ZOOM) AT UNIVERSITIES, LAW SCHOOLS, AND CONFERENCES. THE ORGANIZATION LAUNCHED A NEW WEBINAR "VOICES FROM THE LITIGATION FRONTLINES," TO RAISE THE PROFILE SERIES, OF IMPORTANT TRAFFICKING AND FORCED LABOR CASES BROUGHT AROUND THE GLOBE. THE ORGANIZATION CONTINUED TO PUBLICIZE THE AVAILABILITY OF CIVIL LITIGATION AS A VEHICLE TO OBTAIN JUSTICE AND COMPENSATION FOR TRAFFICKING SURVIVORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 2,437 FEDERAL CHARGING DOCUMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DATABASE MANAGEMENT: THE DATABASE MANAGEMENT EFFORT SUPPORTS THE HUMAN TRAFFICKING LEGAL CENTER'S WORK ON CRIMINAL RESTITUTION FOR TRAFFICKING SURVIVORS AND TECHNICAL ASSISTANCE TO PRO BONO ATTORNEYS ON CIVIL AND CRIMINAL CASES.

EXPENSES \$ 33,994. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAINING OF PRO BONO ATTORNEYS: HTLC HAS TRAINED MORE THAN 4,000 PRO BONO ATTORNEYS AT LAW FIRMS AND NON-GOVERNMENTAL ORGANIZATIONS ACROSS

THE UNITED STATES. HTLC PROVIDES THESE TRAINING SESSIONS FREE OF

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

Schedule O (Form 990 or 990-EZ) 2020

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THE HUMAN TRAFFICKING LEGAL CENTER

THE HUMAN TRAFFICKING LEGAL CENTER

CHARGE. THE CURRICULUM INCLUDES INSTRUCTION FOR PRO BONO ATTORNEYS ON

CRIMINAL RESTITUTION FOR TRAFFICKING VICTIMS, CIVIL LITIGATION ON

BEHALF OF TRAFFICKING VICTIMS, STRATEGIC LITIGATION, AND IMMIGRATION

RELIEF FOR VICTIMS. THE CENTER HAS REACHED THOUSANDS MORE ATTORNEYS

THROUGH ON-LINE TRAINING SESSIONS, NATIONAL WEBINARS, AND NATIONAL

CONFERENCES.

EXPENSES \$ 12,502. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADVOCACY: HTLC FILED TWO AMICUS BRIEFS IN HUMAN TRAFFICKING CASES

PENDING IN THE FEDERAL APPELLATE COURTS, ONE IN THE SUPREME COURT OF

THE U.S., AND A SECOND IN THE NINTH CIRCUIT COURT OF APPEALS. THE

ORGANIZATION CONDUCTED ADVOCACY WITH THE PUBLIC AND GOVERNMENT AGENCIES

ON HUMAN TRAFFICKING POLICY ISSUES. HTLC'S ADVOCACY IN 2020 FOCUSED ON

TRADE REMEDIES FOR FORCED LABOR IN GLOBAL SUPPLY CHAINS; RIGHTS FOR

DOMESTIC WORKERS TRAFFICKED BY DIPLOMATS; AND THE RIGHT OF TRAFFICKING

SURVIVORS TO BRING CIVIL CASES IN THE FEDERAL COURTS.

EXPENSES \$ 6,667. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAFFICKING SURVIVOR LEADERSHIP PROGRAM: HTLC CONTINUED THE SURVIVOR

LEADERSHIP PROGRAM, LAUNCHING A MONTHLY WEBINAR FOR TRAFFICKING

SURVIVORS ACROSS THE UNITED STATES. TOPICS INCLUDED SURVIVORS'

LEADERSHIP IN THE WORKPLACE, A SURVIVOR'S PERSPECTIVE ON CIVIL

LITIGATION AND CRIMINAL PROSECUTION, CRIMINAL RECORD RELIEF, AND CREDIT

ISSUES. TRAFFICKING SURVIVORS LED MANY OF THESE SESSIONS. IN ALL, THE

WEBINAR SERIES REACHED 237 SURVIVORS AND ADVOCATES. IN ADDITION TO THE

WEBINAR SERIES, THE ORGANIZATION ALSO LAUNCHED A PROGRAM TO SUPPORT

SURVIVORS IN THE MIDST OF THE PANDEMIC. THE ORGANIZATION DISTRIBUTED

GROCERIES TO SURVIVORS, SENT CARE PACKAGES, AND CONNECTED SURVIVORS TO

092212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** THE HUMAN TRAFFICKING LEGAL CENTER 46-1349584 RESOURCES TO SUPPORT THEIR FAMILIES DURING THE PANDEMIC. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE REVIEWS THE FORM 990. IT IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY IS SENT TO ALL BOARD MEMBERS IN Q1 EACH YEAR AND MUST BE SIGNED AND RETURNED TO CONTINUE SERVING ON THE BOARD. THE OPERATIONS MANAGER FOLLOWS UP EACH YEAR. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, CO, CT, FL, IL, MA, MD, MI, NC, NJ, NY, OH, PA, VA, WA FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 62,985. MANAGEMENT AND GENERAL EXPENSES 8,976. FUNDRAISING EXPENSES 8,140. TOTAL EXPENSES 80,101. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 80,101. FORM 990, PART XII, LINE 2C:

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE HUMAN TRAFFICKING LEGAL CENTER	Employer identification number 46-1349584
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	CESS OR PROCESS
OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX	YEAR.