(Rev. January 2020)

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

**Open to Public** Inspection

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 30 **20**20 Oct 2019, and ending Α For the 2019 calendar year, or tax year beginning D Employer identification number Inc. В Check if applicable: C Name of organization National Organization for Victim Assistance, 59-1669254 Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 424 510 King Street (703)535-6682Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Alexandria, VA 22314 **G** Gross receipts \$2,861,002. Amended return H(a) Is this a group return for subordinates? Yes X No F Name and address of principal officer: Application pending Claire Ponder Selib, 510 King St, #424, Alexandria, VA 22314 H(b) Are all subordinates included? 🗌 Yes 🗍 No Tax-exempt status: **X** 501(c)(3) 501(c) ( ) **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ► www.trynova.org H(c) Group exemption number Form of organization: Corporation ☐ Trust X Association ☐ Other > L Year of formation: 1975 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: Champion dignity and compassion for those harmed by crime and crisis. Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 16 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 17 5 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 16 0. Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Current Year** Contributions and grants (Part VIII, line 1h) . 90,968 217,864. Revenue Program service revenue (Part VIII, line 2g) 9 2,307,363. 2,630,381. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 2,936. 7,175. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 2,244. 5,582. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,403,511. 2,861,002. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 829,409 954,677. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,064,436. 1,057,265. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,893,845. 2,011,942. 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . 509,666. 849,060. Assets or I Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,788,343. 3,868,051. 21 Total liabilities (Part X, line 26) . 73,903, 304,551. 22 Net assets or fund balances. Subtract line 21 from line 20 714,440. 3,563,500. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 01/22/2021 Sign Signature of officer Here Claire Ponder Selib, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if Paid self-employed P00635040 Douglas S. Corey, CPA 01/29/2021 Preparer Firm's name ► Douglas Corey & Associates, Firm's EIN ▶ 54-1650356 Use Only Firm's address ▶ 10201 Fairfax Blvd, Suite 480, Fairfax, Phone no. (703) 354-2900 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes ☐ No

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Champion dignity and compassion for those harmed by crime and crisis.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 306,640. including grants of \$ 0.) (Revenue \$ 0.)
	Membership services and training instructions/materials.
4b	(Code: ) (Expenses \$ 183,523. including grants of \$ 0.) (Revenue \$ 0.)
	Annual conference with over 1000 participants and sponsors
	attending various educational sessions.
	***************************************
	(Code: \/Fyreappe 4 1 400 000 including grapts of \$\phi \ 0 \/Payappe \$\phi \
4c	(Code: )(Expenses \$ 1,499,883. including grants of \$ 0.)(Revenue \$ 0.)  Training, certification and credentialing, and crisis response training
	classes for hundreds of participants for various individuals and
	organizations.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,990,046.

Part I	V 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,"	1	×	
2	complete Schedule A	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		<del>  ^</del>
J	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	:	×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	_	×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts I and II	21		×

Part	Checklist of Required Schedules (continued)		·	·
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
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 or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	·	×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 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		×
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	***************************************	×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	<u> </u>		·	
	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 1a 95			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		A VENY	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	WAS STA

Part \	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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Value 1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	No. 100		
_	and services provided to the payor?	7a	1	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282? ,	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	155775V		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	18 10 10 10 10 10 10 10 10 10 10 10 10 10	Seath	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 .			Value Value
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			W.
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	Parkasiy	0,540,00	avlish-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	V.2 to 24	14.5
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.	120	2783530	404/440
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	500000	X845-31
•	Note: See the instructions for additional information the organization must report on Schedule O.			
þ	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 14a	Enter the amount of reserves on hand	144		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		<b>├</b> ^
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עריו	<b></b>	<del>                                     </del>
15	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.		3355	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	F-11-410-	×
, •	If "Yes," complete Form 4720, Schedule O.		123.33	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Sc	See in	struc	tions.
Section	on A. Governing Body and Management	1	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year   1a   16		105	140
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16  If there are material differences in voting rights among members of the governing body, or			4140.55   1460.62
	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 16			
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		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	6	×	<del>  ^</del>
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			<u> </u>
7a	one or more members of the governing body?	7a	_×_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.		
a	The governing body?	8a 8b	×	-
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C		<u>)</u>
	(C) - 1 - 0	100	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		<del>  ^</del>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	the second secon	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3333	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	<del> </del>
b		12b	×	<del> </del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		×
13	describe in Schedule O how this was done	13	×	
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?			
	The standard OFO, Francisky Diverton propagament official	15a	×	
a b	ou to the second of the second	15b	×	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1870.8	×
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	100000	4 ferre
Sect	tion C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Part VI, Line 17 stm	ιt		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available 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)	T (Sed	ction	501(0
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest	policy
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	

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

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

Gee instructions for the order in which to Check this box if neither the organization				(C	)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Andy Yurick	4.00							_	0.	0
President		×		×	<u> </u>		<u> </u>	0.	<u> </u>	<u> </u>
(2) Jeanette Adkins	4.00			×				0.	0.	0
Vice President		×		^	-		<del> </del>	0.	0.	
(3) Rosie Martinez	4.00	×		×				0.	0.	0
Treasurer	2.00	1			一		1			
(4) Laura Abbott Member		×					_	0.	0.	C
(5) Orvis Baker	2.00									) c
Member		×			_	<u> </u>	<u> </u>	0.	0.	
(6) Eric Barreras	2.00									
Member		×			1_	ļ	1	0.	0,	
(7) Steve Derene	2.00								0.	
Member		×	<u> </u>	<u> </u>	╄		-	0.	0,	
(8) Dr. Mamie Futrell	2.00							0,	0.	
Member		×	-	ļ	┼	<del> </del>	+-			
(9) John Gillis	2.00	!! ×	1					0.	0.	.
Member				<u> </u>	┼	<del> </del>	+-	· ·	1	
(10)Bette Inch	2.00	2						0.	0.	.
Member				-		┿	+	· · · · · · · · · · · · · · · · · · ·		•
(11) Marcela Morales	2.00	)]     <b>x</b>						0.	0.	
Member			┼~	╀	+-	╅	+	<del>- ''</del>	<del>                                     </del>	•
(12)Brenda Muhammad	2.00	2 ×						0.	0	
Member	2.00		+	$\top$	+	1	1			
(13) Patricia Payne Member		×						0.	0	
(14)Elizabeth Rossman	4.00			Γ				_		
Secretary		×						0.	0	. Form <b>990</b> (20

Part \	II Section A. Officers, Directors, T	rustees, l	Cey E	mp	loy	ee:	s, and	d H	ighest Compe	nsated E	mpio	ees (co	nunue	<i><u> </u></i>
	(A) Name and title	(B) Average hours per week	(đo na box, s	ot cho unless	Posi eck i s pei l a di	tion more rson irecte	than o is both or/trust	ne an ee)	<b>(D)</b> Reportable compensation from the	(E)  Reportate compensate from relate	ole ition	(F Estimated of o compe	f) d amour ther	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-I		from organiza related org	ition and	
	gela Seguin mber	2.00	×						0.		0.			0.
	eve Twist mber	4.00	×						0.		0.			0.
	aire Ponder Selib ecutive Director	40.00				×			98,667.		0.			0.
(19)										1001111				
(20)														
(21)														
(22)														
(23)														
(24)														
(25)			-										····	
1b c	Subtotal	t VII. Section	on A		•	•		<b>&gt;</b>	98,667.		0.			0.
d	Total (add lines 1b and 1c)  Total number of individuals (including bu								98,667. who received mo	re than \$1	0 . 00,000	O of		0.
2	reportable compensation from the organ	nization >					***						Yes	No
3	Did the organization list any former employee on line 1a? If "Yes," complete	Schedule -	J for a	suct	ı ind	divid	dual					3		<u>×</u>
4	For any individual listed on line 1a, is the organization and related organizations individual	greater t	nan t	515L	),00	107	If "Y	es,	complete Scrit	addie o ic	om th	6 h 4		×
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue	omp	ensa	atio	n fro	om ar	ıy u	nrelated organiz	ation or inc	dividua 	al   5		×
Secti	on B. Independent Contractors												00.00	
1	Complete this table for your five his compensation from the organization. Re	port compe	pensa nsati	ited on fo	ind or th	depo ne c	ender alend	ary	ear ending with o	received or within th	more e orga	mzauon	s tax y	vear.
	(A) Name and business ac	Idress							(B) Description of se	ervices		(C) Compens	ation	
								_						
			****											
2	Total number of independent contrac received more than \$100,000 of comper	tors (includ	ling I	out orga	not iniza	lim atio	nited n ▶	to ·	those listed abo	ove) who				

Form 99	10 (2019	<b>)</b> )					Page <b>9</b>
Part	VIII	Statement of Revenue		n tanahan	.4340		m
		Check if Schedule O contains a respons	se or note to an	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
y y	1a	Federated campaigns 1a					
unt au	b	Membership dues 1b	107,330.				
တြဲ ခြုံ	С	Fundraising events 1c					
ξĒ	d	Related organizations 1d					
2 🖺	е	Government grants (contributions) 1e	97,624.				
rtions er Sin	f	All other contributions, gifts, grants, and similar amounts not included above 1f	12,910.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g	\$				
र्ज ठ	h	Total. Add lines 1a-1f	🕨	217,864.			
			Business Code			^	
<u>e</u>	2a	Program contracts	900099	1,536,972.	1,536,972.	0.	0.
₽ <u>5</u>	b	Conferences	900099	635,778.	635,778.	0.	
S T	С	Training	900099	261,080.	261,080.	0.	0.
Program Service Revenue	d	Credentialing and certification	900099	132,988.	132,988.	0.	0.
₽ Œ	е	Publications	900099	63,563.	63,563.	0.	0.
4	f	All other program service revenue		0 620 201			To the second se
	g	Total. Add lines 2a-2f		2,630,381.			
	3 4	Investment income (including dividends other similar amounts)	, , , . <b>&gt;</b>	7,175.	0.	0.	7,175.
	5	Royalties	<u> &gt; </u>		,		
4	6a b c	Gross rents 6a  Less: rental expenses 6b  Rental income or (loss) 6c	(ii) Personal				
	d	Net rental income or (loss)	<b>&gt;</b>				
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
enne	b	other than inventory 7a  Less: cost or other basis and sales expenses . 7b					
ð	С		<u> </u>				
Other Revenue	d 8a	Net gain or (loss)	•				

# 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 response of include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
3b. 9b.	and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic	1			
	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,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)	789,607.	785,818.	3,789.	0.
7	Other salaries and wages  Pension plan accruals and contributions (include	7057007.			
8	section 401(k) and 403(b) employer contributions				
_	Other employee benefits	103,907.	0.	103,907.	0.
9 10	Payroll taxes	61,163.	0.	61,163.	0.
11	Fees for services (nonemployees):				
a	Management			4 (10	0,
b	Legal	4,618.	0.	4,618. 84,228.	0.
C	Accounting	84,228.	0.	84,220.	
d	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, column (A) amount, list line 11g expenses on Schedule O.)	224,541.	224,541.	0.	0
	Advertising and promotion				
12	Office expenses	33,313.	24,854.	8,459.	0
13 14	Information technology				
15	Royalties			120 227	0
16	Occupancy	130,337.	**		0
17	Travel	121,743.	121,743	. 0.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	3,500.	3,500	0.	0
19	Conferences, conventions, and meetings .	3,500. 679.	0	40	0
20	Interest				
21	Payments to affiliates	27,576.	0	<u> </u>	0
22 23	Insurance	12,345.	0	. 12,345.	C
	Other expenses, Itemize expenses not covered				
24	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 O.)		12 560	. 93,665.	
ŧ	Database management	135,227			
1	Copy, print, type	57,820			
	Other program costs	40,705			
	Postage	140 226			
	All other expenses     Total functional expenses. Add lines 1 through 24e				
25 26	Laint costs Complete this line only if the				
20	organization reported in column (B) joint costs	, <b>Į</b>			
	from a combined educational campaign and fundraising solicitation. Check here	i			
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)		1	1	1

Form 99	-	·			Page 11
Pari	ŧΧ	Balance Sheet Check if Schedule O contains a response or note to any line in this	Part X		🗆
		Check if Scriedule C contains a response of the same	(A) Beginning of year		(B) End of year
$\neg \top$	1	Cash-non-interest-bearing	•	1 2	3,557,300.
	2	Savings and temporary cash investments		3	3,337,300.
		Pledges and grants receivable, net	•	4	264,978.
	4	Accounts receivable, net		4	204,570.
	5	Loans and other receivables from any current or former officer, directo trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	•	6 7	and the first of t
13	7	Notes and loans receivable, net	•	8	
Assets	8	Inventories for sale or use	7 510	9	7,519.
₹	9	Prepaid expenses and deferred charges	7,519.	<u> </u>	7,315.
1	10a	Land, buildings, and equipment: cost or other	4		
		basis. Complete Part VI of Schedule D 10a 342, 33		10c	38,254.
	b	Less, accumulated depression 1	<del></del>	11	
	11	Investments—publicly traded securities	•	12	
	12	Investments—other securities. See Part IV, line 11	•	13	
1	13	Investments—program-related. See Part IV, line 11	•	14	
	14	Intangible assets		15	
1	15	Total assets. Add lines 1 through 15 (must equal line 33)	. 2,788,343.	16	3,868,051.
	16	Accounts payable and accrued expenses	. 73,903.	17	103,955.
1	17 18	Grants payable		18	
	19	Deferred revenue		19	32,325.
	20	Tax-exempt bond liabilities		20	
L	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to any current or former officer, direct	or,		
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35	970   120   1		
<u> </u>		controlled entity or family member of any of these persons		22	160 071
- 2	23	Secured mortgages and notes payable to unrelated third parties	,	23	168,271.
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related the parties, and other liabilities not included on lines 17–24). Complete Particles	ird t X	25	
		of Schedule D	•	26	304,551.
	26	Total liabilities. Add lines 17 through 25	. 73,903.	20	30:755=
seo		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	. 2,714,440.	27	3,563,500.
å	28	Net assets with donor restrictions	•	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	•	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	•	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.	•	31	2 562 500
\$	32	Total net assets or fund balances	. 2,714,440.	32	3,563,500.
41 1	JZ	Total liabilities and net assets/fund balances	. 2,788,343.	33	3,868,051.

Total revenue (must equal Part VIII, column (A), line 12) 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (fosses) on investments 6 Donated services and use of facilities 1 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990: □Cash ☑ Accrual □Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. □Consolidated basis. □Both consolidated and separate basis □ Separate basis. □Consolidated basis. □ Both consolidated and separate basis.  1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. □ Consolidated basis. □ Both consolidated and separate basis.  2 b Were the organization's financial statements audited by an independent accountant? 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. □ Consolidated basis. □ Both consolidated and separate basis.  3 by the financial statements audited by an independent accountant? 4 the organization changed either its oversight process or selection of an independent accountant? 4 the organization changed either its oversight process or selection of an indepen	orm 990	(2019)				
Total revenue (must equal Part VIII, column (A), line 12).  Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses. Subtract line 2 from line 1.  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).  Net unrealized gains (losses) on investments.  Donated services and use of facilities.  Prior period adjustments.  Other changes in net assets or fund balances (explain on Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basi	Part 2	Reconciliation of Net Assets	. <u></u>			
Total expenses (must equal Part IX, column (A), line 2b) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).  Net unrealized gains (losses) on investments Donated services and use of facilities  Tonoted services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule C).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant?  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements and selection of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis  First to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Check if Schedule O contains a response of note to any line in the second 1				
Total expenses (must equal Part IX, column (A), line 2b) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). Net assets or fund balances of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  Were the organization's financial statements and selection of an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Financial Statements and selection of an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circul	1	Total revenue (must equal Part VIII, column (A), line 12)	2	,011	<u>, 94</u>	2.
Revenue loss expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).  Net unrealized gains (losses) on investments  Donated services and use of facilities Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line)  10		D = 1   V   a a luman (//)		849	), 06	<u>. 0 . </u>
Net assets or fund balances at beginning of year (must edual at X, line 1 to 1 t	3	Revenue less expenses. Subtract line 2 from line 1	2	,714	1,44	10.
Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.    Accounting method used to prepare the Form 990: □ Cash ☑ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Separate basis		- 1 Laginning of Vegr must build 1 at A min 1				
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis  Consolidated basis, or both: Separate basis  Consolidated basis  Both consolidated and separate basis Feparate basis  Consolidated basis  Both consolidated and separate basis Separate basis  Consolidated basis  Both consolidated and separate basis Feparate basis  Consolidated basis  Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Consolidated basis Both consolidated and separate basis Feparate basis  Feparate basis Feparate basis Feparate basis  Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Feparate basis Fe	5	Net unrealized gains (losses) on investments				
9 Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990:	6	Donated services and use of facilities 7				
9 Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990:	7	Investment expenses 8				
9 Other changes in net assets or fund balances (explain of Schedule 9).  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990:    Cash						
Net assets or fund balances at end of year. Combine lines 3 thoughts (material) 3, 563, 500.    Part XII   Financial Statements and Reporting	9					
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:	10	the leadens of end of year Compine lines of model of these		3,56	3,5	00.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		32, column (B))				
The Check if Schedule O contains a response of floot of the year were audited on a separate basis	Part	XII Financial Statements and Reporting			<u></u>	
Accounting method used to prepare the Form 930		Check if Schedule O contains a response of note to any line at the			Yes	No
Accounting method used to prepare the Form 930		the Form 000: Cash X Accrual Other				
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	1	Accounting method used to prepare the Form 990. Godshi Egypton a prior year or checked "Other," explain	n in			
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If the organization changed its method of accounting work a prior year				negativ
If "Yes," check a box below to indicate whether the litratical statements and reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		and the second of the second o	.	2a	V	×
reviewed on a separate basis, consolidated basis, or both.  Separate basis	2a	Were the organization's financial statements compiled of formatical statements for the year were compile	d or			
reviewed on a separate basis, consolidated basis, or both.  Separate basis		If "Yes," check a box below to indicate whether the final statement of the				
b Were the organization's financial statements audited by an independent account a statement and the year were audited on a lf "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ľ			Spirit 1
If "Yes," check a box below to indicate whether the litratical statements to the separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			.	2b	×	1 2 2 2 2 2 3 3
If "Yes," check a box below to indicate whether the financial statements was year at each of the separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	Were the organization's financial statements audited by all independent are the vear were audited	on a			
separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Both consolidated and separate basis  I Separate basis Consolidated basis Consolidated and separate basis  I Separate basis Consolidated basis Consolidated and separate basis  I Separate basis Consolidated basis Consolidated and separate basis  I Separate basis Consolidated basis Consolidated and separate basis  I Separate basis  I Separate basis I Separa		If "Yes," check a box below to indicate whether the inflancial statements for the				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes to the audit, review, or compilation of its financial statements and selection of an independent accountant?  the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Single Audit Act and OMB Circular A-133?		separate basis, consolidated basis, of both.	l	A. This		1 1 1 1 1 1
the audit, review, or compilation of its infancial statement and the statement of the organization changed either its oversight process or selection process during the tax year, explain on If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Separate basis Consolidated basis Dour compilers that assumes responsibility for oversignments	jht of		ĺ	
the audit, review, or compilation of its infancial statement and the statement of the organization changed either its oversight process or selection process during the tax year, explain on If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С	If "Yes" to line 2a or 2b, does the organization have a committee that about the financial statements and selection of an independent accountant?		2c		×
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		the audit, review, or compilation of its financial statements and are selection process during the tax year, expla	in on			
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If the organization changed either its oversight process of discount process of discou		19503	14,776	A STAR
Single Audit Act and Olivia Circular A 1881.		Schedule O.	in the			
Single Audit Act and Olivia Official A 1997.	3a	As a result of a federal award, was the organization required to analysis.		3a	↓	<del>  x</del>
b If "Yes." did the organization undergo the required audit of addition the project staken to undergo such audits.   3b		Single Audit Act and Olvid Circular A 100.	o the		1	
Schedule () and describe any steps taken to an any	k	If "Yes," did the organization undergo the required audit or audits? If the organization undergo such audit required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit or audits?	ts.		<u> </u>	
required audit or audits, explain why on Schedule O and describe any observations from 990 (2019)		required audit or audits, explain why on schedule o and assured		For	m <b>99</b>	<b>(</b> 2019)

## Additional information from your Form 990: Return of Organization Exempt from Income Tax

## Form 990: Return of Organization Exempt from Income Tax Part VI. Line 17 (continued)

**Continuation Statement** 

Part VI, Line 17 (	States Where Copy of Return is Required
CA	
CO	
DC	
FL	
GA	
MD	
MA:	
MO	
NV	
NJ	
NY	
NC	
NC	
ОН	
VA	

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

ame of the or	ganization		Tng		5	9-1669254	
lational	Organization for Vic Reason for Public Charity	ctim Assist	ance, Inc. ganizations must co	omplete			,
		n hacquee it is: f	For lines 1 through 12	z, check (	BRA OUG	povi)	
. 🗆 .	decimals approprian of churches	or association	of charcines describe	u in sect	1011 1104	5)(·/(· ·)(·/·	
		η/Κλ/4λ/Δλ/ii) (Ατ	tach Schedule 🗉 (FVII	11 220 01	000	,	
	Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
<b>Λ</b> □ Ar	nedical research organization	operated in conj	MICTION MITH a HOSPIT	ai accorio			
ho	spital's name, city, and state: organization operated for the	honofit of a co	allege or university ov	vned or o	perated	by a governmental	unit described in
	ation 170(b)/1\(A)(iv) (Comple	te Part II.i					
			ental unit described ir	section	170(b)(1	)(A)(v).	ho general public
7 🔽 🗘	organization that normally re	ceives a substa	utiai bari oi its suppe	ort from a	governn	nental unit of Irolli t	ile general papiro
de	scribed in section 170(b)(1)(A	)(vi), (Complete	Part II.)				
8 🗆 A	community trust described in	section 170(b)(1	)(A)(vi). (Complete Pa	art II.) Viva once	atad in a	oniunction with a lar	nd-grant college
	community trust described in t n agricultural research organiza university or a non-land-grant				ated in c the name	e, city, and state of the	ne college or
or	university or a non-land-grant niversity:	college of agric	ulture (see instruction				
uı 40 □ Δı	niversity: n organization that normally red	ceives: (1) more	than 331/3% of its sup	port fron	i contribi	utions, membership	fees, and gross
re	ceipts from activities related it	) IIS evenibrian	lated business taxah	e income	(less sec	ction 511 tax) from b	usinesses
							v out the purposes
							section 509(a)(3).
0	n organization organized and c f one or more publicly suppor heck the box in lines 12a throu	ted organization	s described in <b>sectio</b>	norting or	ganizatio	n and complete lines	12e, 12f, and 12g.
С			aumandand or contro	died by its	ร รมทิติดศ	en organizationto), t	ypically by giving
a 🗆	Type I. A supporting organization(s	tation operated,	supervised, or confidence and a supervised, or ele	ect a maj	ority of th	e directors or truste	es of the
	i i i i i i i i i i i i i i i i i i i	u much comple	ra Part IV. Beculons A	anu p.			
b 🗆			عمم من أممال مستسبب بيا	いいへんりんか し	with its su	pported organization	n(s), by having
b L	control or management of the	ne supporting or	ganization vested in t	he same	persons 1	that control or mana	ge trie supported
c [	organization(s). You must c  Type III functionally integr its supported organization(s	ated. A supporti	ng organization opera	ated in co ete Part l	IV. Section	ons A, D, and E.	.,
_			tim - avaanization	anaratad	IN CORDE	ICTION WILL ILS SUDDO	rted organization(s)
d L		rated The Ordar	nization delierally lilus	n oanory i	a andario a	tion to quit attended	d an attentiveness
	vocuiroment (egg instruction	is) You must co	omplete Part IV, Sec	HOHS A G	na D, an	W . W	
٦ ٦	The state is the organi	zation received.	a written determinatio	on from th	ie IRS tha	atitis a Type I, Type	II, Type III
	functionally integrated, or I	ype III non-iunci	lotially integrated sup	pormig c	rganizati	on.	
<b>f</b> En	ter the number of supported o	rganizations .	and the second second				
g Pr	ovide the following information	about the supp	orted organization(s).	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you	ır governing	support (see	other support (see Instructions)
	1		above (see instructions))	docur	ment?	instructions)	Ristitictions
				Yes	No		
(A)							
(B)					1	L. E.	
(C)				ļ	<u> </u>		
(D)			1	ļ			LANT THE THE THE THE THE THE THE THE THE TH
(10)				†	<u> </u>		
(E)							
Total					100 40 600		

		ray
Part II	support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  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 un	ıder
	Part III. If the organization fails to qualify under the tests listed bolow, predate in	
Section A	Public Support (a) 2016 (b) 2017 (d) 2018 (e) 2019 (f) T	ota

	Part III. If the organization rails to	quality artas						
Sectio	n A. Public Support		41.0040	(c) 2017	(d) 2018	(e) 20	19	(f) Total
Calend	ar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(C) 2017	(u) 2010	147		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4	Gifts, grants, contributions, and	ļ ,					[	
1	membership fees received. (Do not					0 400	-11	10 035 464
	include any "unusual grants.")	1.835.906.	2,048,640.	2,158,735.	2,388,672.	2,403,	217.	10,033,404.
	···	1,000,000						
2	Tax revenues levied for the	Í	1	1		1		
	organization's benefit and either paid				]		1	
	to or expended on its behalf							
	The value of services or facilities						1	
3	The value of services of facilities					1		
	furnished by a governmental unit to the							
	organization without charge		0.040.640	2 150 735	2.388.672	2,403,	511.	10,835,464.
4	Total. Add lines 1 through 3	1,835,906.	2,048,640.	2,130,133.				
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							
	line I that exceeds 270 of the amount							
	shown on line 11, column (f)							10,835,464.
6	Public support. Subtract line 5 from line 4	<u> </u>			30 Mari			
Secti	on B. Total Support		<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(D) 2016	. 2,158,735	2 388 672	2.403	.511.	10,835,464.
7	Amounts from line 4	1,835,906	. 2,048,640	. 2,130,133	. 2,500,012	1 27		
	Gross income from interest, dividends,		ļ		]			1
8	payments received on securities loans,	ļ						
	payments received on scounties tourist	ĺ						5 100
	rents, royalties, and income from	399	446	. 526	1,363	. 2	,396.	5,130.
	similar sources	395	1.0					
9	Net income from unrelated business				1			1
	activities, whether or not the business							
	is regularly carried on	<u> </u>						
_	Other income. Do not include gain or			ļ	<b>\</b>			
10	Other income. Do not include gain of	ļ		1				
	loss from the sale of capital assets				1			
	(Explain in Part VI.)							10,840,594.
11	Total support. Add lines 7 through 10				enter and the second trans. These	12		
12	Total support. Add lines 7 through 10 Gross receipts from related activities, e	itc. (see instruc	ctions)		who ar fifth tay	Vear as	a sect	ion 501(c)(3)
13	First five years, If the Form 990 is for	r the organizat	ion's first, sec	ond, third, fou	rui, or inter tax	your ao		▶ □
	ergonization check this nox and stub	11616						🕨 🔲
	t Dublic Cupp	ort Percent	age					99.95%
Sec				e 11, column (f	f))	14		99.97 %
14	Public support percentage for 2019 (IIII) Public support percentage from 2018 (	Schedule A. P.	art II. line 14			15		
15	Public support percentage from 2018 \$ 331/3% support test—2019. If the org	Surjection did t	not check the	hax on line 13.	, and line 14 is	331/3%	or mor	e, check this
16a	331/3% support test-2019. If the org	anization did i	which augaer	ted organizatio	n	,		<b>▶</b> ⊠
	331/3% support test—2019. If the org box and stop here. The organization of 331/3% support test—2018. If the org	<sub>l</sub> ualities as a p	ublicity suppor	ted Organizatio	160 and line	15 is 331	/3% Or	more, check
	331/3% support test-2018. If the org	anization did r	not check a bo	x on line 13 of	Toa, and me	10 10 00	,0,0 0.	. ▶ □
•	33¹/3% support test – 2018. If the org this box and stop here. The organizati	ion qualifies as	a publicly sup	oported organi	zation		, .	
	this box and stop here. The organization  10%-facts-and-circumstances test-	_2010 If the (	organization d	d not check a	box on line 13	3, 16a, or	16b,	and line 14 is
17:	10%-facts-and-circumstances test- 10% or more, and if the organization	mosts the "fa	cts-and-circur	nstances" test	, check this bo	ox and <b>st</b>	op he	re. Explain in
	10% or more, and if the organization	111100131110 14	-1	" toot. The ord	anization qual	ifies as a	, public	cly supported
	10% or more, and if the organization Part VI how the organization meets the	ie "tacts-and-	Circumstances	1001, 1110 019				▶ □
	Part VI how the organization meets the organization			. ,		0 40- 4	Ch or	17a and line
	b 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	nization meets	s the "facts-ai	nd-circumstan	ces" test, che	ck this c	ox an	a stop nere.
	15 is 10% or more, and it the organization	n meets the '	facts-and-circ	umstances" te	est. The organi	zation qu	alities	as a publicly
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	AL HIGGER RIG						🕨 🗌
	supported organization  Private foundation. If the organization		te haven in	12 16a 16h	17a. or 17b. c	heck this	box a	ind see
18		s did not once	או ווו ונוז אנאוז בי אי	1 I.J. IUG. IVV.	110101			
	Private foundation. If the organization instructions			<u> </u>	<u> </u>			n 990 or 990-EZ) 2019
	<del> </del>					Schedule	Airorn	11 330 01 330-221 2010

## 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.)

	on A. Public Support				1,0040	(-) 0010	(f) Total
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(I) 10tal
1	Gifts, grants, contributions, and 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 business under section 513						
4	Tax revenues levied for the						1
	organization'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						
_	Total. Add lines 1 through 5						
6 7a	Amounts included on lines 1, 2, and 3						
1 a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		o College La Carre				500 500 500 500 500
	line 6.)						
	on B. Total Support		41.0040	(-) 0017	(d) 2018	(e) 2019	(f) Total
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(u) 2018	(e) 2013	(i) rotal
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less		-				
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12.)			سما الماسا الم	th or fifth toy:	Jear as a sor	tion 501(c)(3)
14	First five years. If the Form 990 is for	the organization	on's first, seco	ma, mira, iour	in, or muritax	year as a sec	
	organization, check this box and stop h						L.
	ion C. Computation of Public Support Public Support percentage for 2019 (line	ort Percenta	divided by line	13 column (f	<i>))</i>	. 15	%
15	Public support percentage for 2019 (line Public support percentage from 2018 S	chedule A. Pai	rt III. line 15		, , , , , ,	. 16	%
16 Sect	ion D. Computation of Investment I	ncome Perc	entage				
17	Investment income percentage for 2019	(line 10c, colu	umn (f), divided	by line 13, cc	lumn (f))	. 17	%
18	Investment income percentage from 20	18 Schedule A	Part III, line 1	7		.   18	%
19a	331/3% support tests - 2019. If the orga	anization did no	ot check the b	ox on line 14,	and line 15 is	more than 33	1/3%, and line
,	17 is not more than 331/3%, check this bo	x and stop her	r <b>e.</b> The organiza	ition qualifies a	s a publicly sup	ported organi	zation . 🕨 🗀
b	331/3% support tests-2018. If the organ	nization did not	check a box o	n line 14 or line	e 19a, and line	16 is more tha	n 331/3%, and
	line 18 is not more than 331/3%, check this	s box and <b>stop</b>	<b>here.</b> The orga	anization qualifi	es as a publicly	supported or	ganization 🕨 🗀
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see ins	tructions
		_	DELCASIONING DELC		c	anadula A (Carn	000 or 000-F7\ 2019

### Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations		Yes	No
	the avantation and an incident	(18/18)	162	110
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	\$154.F	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	) Alien	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	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 <b>Part VI.</b>	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	1	
b	to the form 4720 to	10k	,   )	

Part I	V Supporting Organizations (continued)	1	Vaal	No
		1448.125	Yes	INU
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
_	to the state of a paragraph described in (a) above?	11b 11c		
C	A 35% controlled entity of a person described in (a) or (b) above 7 if "Yes" to a, b, or c, provide detail in Yes".	TIG		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		VALUE OF THE PROPERTY OF THE P
Secti	on C. Type II Supporting Organizations			l No
3601			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		Yes	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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	W = Vi Ib. Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the integral Part Test during the year too.  The organization satisfied the Activities Test. Complete line 2 below.			
	The supported a governmental entity. Describe in Part VI now you supported a government and	y (see	instru Ve	s N
2	Activities Test Answer (a) and (b) below.	135.55		
ŧ	the supported organization(s) to which the organization was responsive? If "Yes, then in Part Vildering those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2:	a	
i	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mor of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	e	b b	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3	a	
	trustees of each of the supported organizations? Provide details in Fait Vi.	harry.	38 J.S	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		<del>~</del>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniz	ations	oin in Part VII See
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	trusi zatio	on Nov. 20, 1970 (explains must complete Secti	Ons // unough in
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(5) 0
Section 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):	1a		
a Average monthly value of securities	1b		
b Average monthly cash balances	1c		
c Fair market value of other non-exempt-use assets	1d		
d Total (add lines 1a, 1b, and 1c)	i u		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets	3		
3 Subtract line 2 from line 1d.	1		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	7		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6)	10		O
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		구 <sup>4</sup> (* ) (2013)
2 Enter 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		9333 2433
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
7 Check here if the current year is the organization's first as a non-functional	lly in	tegrated Type III suppor	ting organization (se
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

art V	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (communical)	Current Year
Sectio	n D—Distributions			
1 /	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of support	ted	
	to the avenue of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations	
Λ	Amounts paid to acquire exempt-use assets			
E	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Add lines 1 through b.			
0	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	the organization is res	oonsive	
	Distributable amount for 2019 from Section C, line 6			
9_	Distributable amount for 2019 from occurry, and			
10	Line 8 amount divided by line 9 amount	/A	(ii)	(iii) Distributable
Section	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
•	Section D, line 7:			
а	Applied to underdistributions of prior years			V
b	Applied to 2019 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any Subtract lines 3g and 4a from line 2. For result		5.5 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0	
	greater than zero, explain in Part VI. See Instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h	1		
	and 4b from line 1. For result greater than zero, explain i	N		
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	5 400 001 F			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	e Excess from 2019			ule A (Form 990 or 990-EZ) 20

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
4	
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444**	
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#### **SCHEDULE D** (Form 990)

Department of the Treasury

## **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.

OMB No. 1545-0047

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization 59-1669254 National Organization for Victim Assistance, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) . . . 3 Aggregate value at end of year . . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

## If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

- of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule	D (Form 990) 2019  Organizations Maintaining Coll	ections of Ar	t, Histori	cal Tre	asures, or	Othe	r Similar Asset	s (continu	uea)_
2	Organizations Maintaining Coll Using the organization's acquisition, access	sion, and othe	r records,	check a	ny of the fol	lowin	g that make signi	iticant use	Of its
3	collection items (check all that apply):								
а	Public exhibition		d ∐	Loan or	exchange pr	ogran	11		
b	Scholarly research		e L	Other					-
С	Preservation for future generations				. fth -u tho	orgon	oization's evemnt	nurnose i	n Part
4	☐ Preservation for future generations Provide a description of the organization's	collections an	d explain	how they	/ turmer me	orgai	iization a exempt	parpass.	•
5	XIII.  During the year, did the organization solic assets to be sold to raise funds rather than	or receive of	onations d red as part	t of the o	rganization's	s colle	ection?	☐ Yes [	□ No
Part	V Escrow and Custodial Arrange Complete if the organization ans	wered "Yes"	on Form	990, Pa	rt IV, line 9,	or re	eported an amo	unt on Fo	rm
	t it and the often often	stodian or othe	r intermed	diary for	contribution	soro	other assets not		□ No
								☐ Yes	1NO
b	If "Yes," explain the arrangement in Part X	(III and complet	te the follo	wing tab	le:	г		ount	
							Alla	Julii	
С	Beginning balance					1c		<del>_</del>	
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance		, , ,		, , , ,		account liability?	☐ Yes	☐ No
2a						ovide	d on Part XIII		
b	If "Yes," explain the arrangement in Part 2	XIII. Check here	ir the exp	lanation	nas been pr	01140			
Par	Endowment Funds. Complete if the organization an	awarad "Vee"	on Form	990. Pa	art IV. line 1	0.			
	Complete if the organization and	a) Current year	(b) Prior	vear	(c) Two years b	ack	(d) Three years back	(e) Four year	rs back
	<del>                                     </del>	a) Current your							
1a	Beginning of year balance								
þ	Contributions								
C	Net investment earnings, gains, and losses			1					
	Grants or scholarships		-					ļ	
d	Other expenditures for facilities and								
е	programs				,				
f	Administrative expenses								
•									
g 2	End of year balance  Provide the estimated percentage of the	current year er	nd balance	(line 1g	, column (a))	neia -	as:		
- а	Board designated or quasi-endowment	<b>&gt;</b>	%						
b	a	<u>.</u> %							
C	Term endowment ▶%								
	The percentages on lines 2a, 2b, and 2c	should equal 1	100%.	12 41	t ava bold a	nd ac	Iministered for the	e	
3a	The percentages on lines 2a, 2b, and 2b Are there endowment funds not in the p	oossession of t	he organiz	ation the	at are riciu a	nu ac	Attitude of the tre	Ÿ	es No
	organization by:						, , , , , , ,	3a(i)	
	(i) Unrelated organizations							3a(ii)	
	(ii) Related organizations  If "Yes" on line 3a(ii), are the related org	onizatione liete	d as requir	ed on Sc	chedule R?			3b	
· ·	Describe in Part XIII the intended uses of	of the organizat	ion's endo	wment f	unds.				· · · · · · · · · · · · · · · · · · ·
4	It VI Land, Buildings, and Equipm	nent.						5 LV E	10
176	Land, Buildings, and Equipm Complete if the organization a	inswered "Ye	s" on For	m 990, l	Part IV, line	11a.	See Form 990,	Part X, III	ie io.
	Description of property	(a) Cost or	other basis	(b) Cost	or other basis	(0)	Accumulated depreciation	(d) Book	value
		(invest	···	,,	other)		doprooid		0.
1	a Land		0.						
	b Buildings			<u> </u>					
	c Leasehold improvements			<del> </del>	60 145		56,991.		3,154.
	d Equipment			<del>                                     </del>	60,145.		247,089.		5,100.
			000 0-4			)c.)	241,0001		8,254.
Tot	e Other al. Add lines 1a through 1e. (Column (d) mo	ust equal Form	990, Part .	A, COIUITI	π ( <del>D), πτο το</del>	<del>, .</del>	Sch	edule D (For	

	Investments – Other Securities.  Complete if the organization answered "Yes" on F	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value	
	(a) Description of security or category (including name of security)		Cost or enu-or-year market value	
inancial	derivatives	•		
losely h	eld equity interests	•		
)ther				
<u>)</u>				
<u> </u>				
<u>)                                    </u>				
<u>))</u>				
5) F)				
/ G)				
	(0) ! - 10 !			
al. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII	Investments – Program Related. Complete if the organization answered "Yes" on	Form 990, Part IV, li	ine 11c. See Form 990, Part X, line	<u>13</u>
	Complete if the organization answered res en	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	(a) Description of investment		Cost of end-of-year market value	
<u> </u>				
<u>)                                    </u>				
) -)				
) )				
) )				
') ·				
3)				
"				1111
	22 2 1 V 1 (D) line 13 )	<b>.</b>		
	lumn (b) must equal Form 990, Part X, col. (B) line 13.)	. >		
	lumn (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line	e 1
e) otal. (Co	Other Assets.  Complete if the organization answered "Yes" of	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
e) otal. (Co Part IX	lumn (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" o	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
e) otal. (Co Part IX	Other Assets.  Complete if the organization answered "Yes" of	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
9) otal. (Co Part IX 1) 2)	Other Assets.  Complete if the organization answered "Yes" of	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
9) otal. (Co Part IX 1) 2)	Other Assets.  Complete if the organization answered "Yes" of	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
9) otal. (Co Part IX 1) 2) (3)	Other Assets.  Complete if the organization answered "Yes" of	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
1) 2) (4) (5)	Other Assets.  Complete if the organization answered "Yes" of	. ▶ n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
1) (2) (3) (4) (6)	Other Assets.  Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11d. See Form 990, Part X, line (b) Book value	e 1
1) (2) (3) (4) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" of the organization answered of the organization and the	n Form 990, Part IV,		e 1
1) (2) (3) (4) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" of the organization answered of the organization and the	n Form 990, Part IV,		e 1
1) 2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and "Yes" of the orga	n Form 990, Part IV,		
1) (2) (3) (4) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and "Yes" of the orga	n Form 990, Part IV,		
1) 2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" of the organization answered "Yes" of the olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes"	n Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art )
1) (2) (3) (4) (5) (6) (7) (8) (9) (Otal. (C	Other Assets.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and "Yes" of the orga	on Form 990, Part IV,		art )
1) (2) (3) (4) (5) (6) (7) (8) (9) (7 otal. (C	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art )
1) 2) (3) (4) (5) (6) (7) (8) (9)  Total. (C  Part X	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art >
1) 2) (4) (5) (6) (7) (8) (9) Fotal. (C Part X	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art >
1) 2) (4) (5) (6) (7) (8) (9) (1) (1) Feder (2) (3)	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art )
1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art )
1) (2) (3) (4) (5) (6) (7) (8) (9) (7otal. (C Part X  1. (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art )
1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (C  Part X  1. (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art )
1) 2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	on Form 990, Part IV,	▶  7, line 11e or 11f. See Form 990, Pa	art >
1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (C  Part X  1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of (a) Description  olumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	n Form 990, Part IV,		art >

	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	Part IV. line 12a.		
	Total revenue, gains, and other support per audited financial statements		1	2,861,002.
1	Total revenue, gains, and other support per audited infalicial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
а	Net unrealized gains (losses) on investments	2b		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		2e	
е	Add lines 2a through 2d		3	2,861,002.
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b		
þ	Other (Describe in Part XIII.)		4c	
С	Add lines 4a and 4b	9 12 1	1 0 1	2,861,002.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Retu	irn.
Par	Reconciliation of Expenses per Audited Financial State	Part IV. line 12a.		
	Complete if the organization answered "Yes" on Form 990	, , , , , , , , , , , , , , , , , , , ,	1	2,011,942.
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
а	Donated services and use of facilities	2b		
b	Prior year adjustments		$\neg$	
С	Other losses			
d	Other (Describe in Part XIII.)		. 2e	
е	Add lines 2a through 2d		. 3	2,011,942.
3	Subtract line 2e from line 1		100	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 4a		
а	Investment expenses not included our form 556, 1 art vin, inter-	4b		
b		·	. 4c	
C	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I,	line 18.) .	. 5	2,011,942.
5	Total expenses. Add lines 3 and 40. (This must equal to the output			
Par	<b>Supplemental Information.</b> ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a ide the descriptions required to 1 and 1 a	and 4: Part IV, lines 1b and	2b; Part	V, line 4; Part X, line
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a.5 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additions	al informa	tion.
2; P	art XI, lines 2d and 4b, and Part XII, lines 2d and 1011 and 1511			
D+	X, Line 2: The Organization evaluated its tax pos	itions and		
	A) Hiro by the			
Pt	X, Line 2: determined it has no uncertain tax pos	sitions as or		
Pt	X, Line 2: September 30, 2020.	*****		
		=======================================		
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chedule D (Fo	rm 990) 2019	Page 3
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

9254
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Schedule O (For	m 990 or 990-EZ) (2019)						Page <b>2</b>	
Name of the organization					Employer identification number			
	Organization	for Victi	m Assistance,	Inc.		59-1669254		
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