Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2018

OMB No. 1545-0047

Open to Public Inspection

| <u> </u> | For tr | ne zu | 18 calend | ar year, or ta | ax year begin | ning | | , 2018, and e | naing | | | , 20 | | | |
|-------------------------|-------------|-----------|---|-------------------------|------------------------|-------------------------------|------------------------------|---------------------------|------------------|--------------------|--------------|-------------------|-------------------|--|--|
| В | Check | if applic | cable: | C Name of org | ganization Fami | ly & Childre | n's Law Center | | | | | Employer i | dentification no. | | |
| | Addres | s chan | ge | Doing busin | ess as | | | | | | | 68-0072378 | | | |
| П | Name o | change | • | Number and | street (or P.O. bo | x if mail is not delivered to | street address) | | Room | /suite | | Telephone | number | | |
| $\overline{}$ | Initial re | - | | | os Gamos | _ | , | | 200 | 0 | | (415)49 | | | |
| | Final re | eturn/te | rminated | City or town | , state or province | , country, and ZIP or forei | gn postal code | | G Gross receipts | | | | | | |
| $\overline{\Box}$ | Amend | ed retu | ırn | San Ra | afael, CA | 94903 | | | | | | \$ | 513,194 | | |
| Ħ | Applica | ation pe | endina | | address of principa | | ine Cirby | | H(a | a) Is this a group | return for | f | Yes X No | | |
| _ | , принос | о ро | 9 | | as C above | | 01127 | | |) Are all subo | | Ī | Yes No | | |
| _ | Tax-exe | amnt et | tatue: X | 501(c)(3) | 501(c) (|) (insert no.) | 4947(a)(1) or | 527 | | | | list. (see instru | | | |
| | Websit | | | FACLC.O | |) 4 () | | 021 | H(c | c) Group exer | | | , | | |
| | | | | Corporation | | sociation Other | | L Year of formation: | L985 | M State | • | | CA | | |
| | rt I | _ | Summar | | Hust Ass | GUICI P | | L Icai of formation. | 200 | III Otate | or icgai | dominione. | <u></u> | | |
| | 1 | | | | ization's missi | ion or most significa | nt activities: The | Family and | Child | iren's I | aw (| enter e | enables | | |
| | | | - | _ | | _ | | - | | | | | | | |
| JCe | | | children and families to enjoy a more successful future by helping them to navigate the legal system. We provide high-quality, low cost legal services and advocate for the needs | | | | | | | | | | | | |
| nai | | | | | | d families. | , 10., 0050 105 | <u>ur borvroop</u> | <u> </u> | | | . 0110 110 | | | |
| Ver | 2 | _ | | | | | erations or disposed of | of more than 25% of | of its ne | t assets | | | | | |
| ဗွ | 3 | | | | - | rning body (Part VI, | | | | | 3 | | 6 | | |
| ∞ŏ | 4 | | | - | _ | | ody (Part VI, line 1b) | | | | 4 | | 6 | | |
| ties | 5 | | | • | J | ı calendar year 2018 | , , , | | | | 5 | | 5 | | |
| Activities & Governance | 6 | _ | | | s (estimate if r | - | | | | | 6 | | | | |
| Ac | 7 | | | | ` | Part VIII, column (C | | | | | 7а | | <u>1</u> 0 | | |
| | | | | | | from Form 990-T, li | ,, · - | | | | 7b | | 0 | | |
| | + | D IVE | or uniferated | u busiliess ta | ixable income | 1101111 01111 990-1, 111 | 16 30 | | | Prior Year | 7.0 | Course | | | |
| | 8 | C | ontributions | F 6 7 | | ent Year | | | | | | | | | |
| ø | | | | - | (Part VIII, line | , | | - | | | <u>,567</u> | | 300,694 | | |
| Revenue | 9 | | - | | | | | | | | <u>,162</u> | | 201,191 | | |
| eVe | 10 | | | | | |) | T T | | 1 | <u>,337</u> | | 112 | | |
| œ | | | | | | | c, and 11e) • • • • | T | | | 920 | | 9,992 | | |
| | 12 | | | | | • | , column (A), line 12) | | | 384 | <u>,</u> 986 |) | 511,989 | | |
| | 13 | | | | | X, column (A), lines | | | | | | | 0 | | |
| | 14 | | | | | (, column (A), line 4) | | - t | | | | | 0 | | |
| S | 15 | | | • | | • | column (A), lines 5-10 | ´ t | | 402 | <u>,049</u> | | 424,866 | | |
| Expenses | 16 | | | _ | • | column (A), line 11e) | | t t | | | | | 0 | | |
| ĝ | | | | • . | • | umn (D), line 25) | - | 49,083 | | | | | | | |
| Ú | | | | | | nes 11a-11d, 11f-24e | | | | | <u>,657</u> | i | 190,696 | | |
| | 18 | | | | ` | equal Part IX, colun | <i>'''</i> | | | | <u>,</u> 706 | 1 | 615,562 | | |
| | 19 | Re | evenue les | s expenses. | Subtract line | 18 from line 12 • | | | | (171 | | | (103,573) | | |
| sor | | _ | | | | | | - | Beginni | ing of Current | | | of Year | | |
| sset | 20 | | | (Part X, line 1 | , | | | | | | ,704 | | 87,349 | | |
| Net Assets or | 21 | | | s (Part X, line | , | | | | | | <u>,401</u> | | 29,619 | | |
| | 22 rt II | _ | | | es. Subtract I | ine 21 from line 20 | | | | 161 | <u>,</u> 303 | 8 | 57,730 | | |
| | | | | re Block | evenined this retu | rn including accompanyir | ng schedules and statements | a and to the best of my l | noulodae | and bolief it i | | | | | |
| | | | | | | | nation of which preparer has | | nowieuge | e and belief, it i | 5 | | | | |
| | | | | | | | | | | | | | | | |
| Sig | ın | ▮ | | an Jung e of officer | | | | | | | Date | 10-10- | -2019 | | |
| _ | | | 3 | | | | | | | | Date | | | | |
| Hei | e | | | | Secretar | У | | | | | | | | | |
| | | | | print name and ti | iue | 1 | | Data | | | | | | | |
| D-: | ا | | Print/Type pre | | | Preparer's signature | | Date | | Check X | | PTIN | | | |
| Pai | | | Donna C | ohen . | | Donna Cohen | | 10-21-2019 | 1 | self-employe | d | P01396 | 479 | | |
| | pare | | | | | | | | | | | | | | |
| US | e On | ııy | Firm's address | s P | | coln Avenue | | | Phone | e no. | | | | | |
| | | | | | | el CA 94901 | | | | 41 | L5-4 | 57-8770 | | | |
| May | tha II | DC 41 | course this | roturn with th | a nranarar ch | own above? (see in | ctructions) | | | | | ⊽v | oc I No | | |

Other program services (Describe in Schedule O.) (Expenses \$

Total program service expenses

including grants of \$

) (Revenue \$

481,940

8) Family & Children's Law Center Checklist of Required Schedules Part IV

| | | | Yes | No |
|------|---|------|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A · · · · · · · · · · · · · · · · · · | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | • | | 3.7 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | v |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | - | | 21 |
| • | 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · · | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | Х |
| р | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | 4415 | | 37 |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| Ч | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 110 | | Λ |
| ď | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · · | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • • | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| 4- | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 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 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | | Λ |
| 10 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | - 25 |
| •• | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20 a | | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Χ |

Form 990 (2018) Family & Children's Law Center 68-0072378 Part IV 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 Χ 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 23 employees? If "Yes," complete Schedule J Χ 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 Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ 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? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 dide. Regulations | | |
|-----|--|-----|---|
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Χ |
| 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 | Χ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х |
| 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 | Χ |
| 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 | Χ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | _ | |

| 19? Note. All Form 990 filers are required to complete Schedule O. | | | | | | | |
|--|--|--|--|--|--|--|--|
| Part V | Part V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | |

Did the ergenization curs 1000/ of an entity disregarded as apparets from the ergenization under Regulations

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

| | | | 163 | 140 | | | |
|----|--|----|-----|-----|--|--|--|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | | | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | | | | | | |
| С | c Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | | | | |

37

38

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No 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 Χ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? h С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7с d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 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 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand С Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
|---|---|---|-----|------------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 6 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent • • • • • • • • • • • • • • • • • • • | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| _ | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | | |
| | | | Yes | No |
| I0a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No X |
| l0a b | Did the organization have local chapters, branches, or affiliates? | | Yes | |
| _ | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | |
| b | Did the organization have local chapters, branches, or affiliates? | | Yes | - |
| b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 10b | | Х |
| b I1a b | Did the organization have local chapters, branches, or affiliates? | 10b | | |
| b I1a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 10b 11a | | Х |
| b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | 10b 11a 12a 12b | | Х |
| b l1a b l2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 10b 11a 12a 12b | | X |
| b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 10b 11a 12a 12b 12c 13 | | X |
| b 1a b 2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 10b 11a 12a 12b | | X |
| b 1a b 2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | 10b 11a 12a 12b 12c 13 | | X |
| b 1a b 2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? | 10b 11a 12a 12b 12c 13 | | X |
| b I1a b I2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official | 10b 11a 12a 12b 12c 13 | | X X X |
| b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? | 10b 11a 12a 12b 12c 13 14 | | X |
| b 11a b 12a c 13 14 | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 10b 11a 12a 12b 12c 13 14 | | X X X |
| b l1a b l2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 10b 11a 12a 12b 12c 13 14 | | X X X X |
| b l1a b l2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 10b 11a 12a 12b 12c 13 14 | | X X X |
| b l1a b l2a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 10b 11a 12a 12b 12c 13 14 15a 15b | | X X X X |
| b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 10b 11a 12a 12b 12c 13 14 15a 15b | | X X X X |
| b 11a b 22a b c 3 4 5 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 10b 11a 12a 12b 12c 13 14 15a 15b | | X X X X |
| b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 10b 11a 12a 12b 12c 13 14 15a 15b | | X X X X |
| b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? **California** | 10b 11a 12a 12b 12c 13 14 15a 15b | | X X X X |
| 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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 organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 10b 11a 12a 12b 12c 13 14 15a 15b | | X X X X |

| 17 List the states with which a copy of this Form 990 is required to be filed Cali |
|--|
|--|

- - X Own website Another's website Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Shawna Hoch (415)492-9230, 1401 Los Gamos Drive, Suite 200, San Rafael, CA 94903

| orm | 990 | (201 | 8) |
|-----|-----|------|----|
| | | | |

<u>.....</u>.....

Page 7

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

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

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

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

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

| Check this box if neither the organization nor any related | organization | comp | ensa | ited a | any | curren | t offi | icer, director, or tru | stee. | |
|--|---|------|--|--------|--|--|--|------------------------|-------|--------|
| | | | | (| C) | | | | | |
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | Position not check more than one x, unless person is both an icer and a director/trustee) | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | | | |
| (1) David Sutton | 1.00 | Х | | Х | | | | 0 | 0 | 0 |
| (2) Elizabeth Estes | 1.00 | | | 23 | | | | | | |
| Vice President | | X | | Х | | | | 0 | 0 | 0 |
| (3) Marian Jung | 1.00 | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0 | 0 | 0 |
| (4) Shannon Lundgren | | | | | | | | | | |
| Treasurer | 1.00 | Х | | Χ | | | | 0 | 0 | 0 |
| (5) Jeff Riebel | | | | | | | | | | |
| Director | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (6) Esther Lerner | | | | | | | | | | |
| Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) Kristine Cirby | 40.00 | | | | | | | | | |
| Executive Director | | | | Х | | | | 102,119 | 0 | 12,830 |
| <u>(8)</u> | | | | | | | | | | |
| <u>(9)</u> | | | | | | | | | | |
| <u>(10)</u> | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | |
| <u>(12)</u> | | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | | |
| <u>(14)</u> | | | | | | | | | | |

| (A) | (C) Position (D) (E) | | | | | | (E) | | (F) | | | |
|---|--|-------------------------------|-----------------------|---------|--------------|------------------------------|-------------------------|--|---|-----------------------|--|----|
| Name and title | Average hours per | box, unicos person is both an | | | | | Reportable compensation | Reportable compensation from | | stimated | | |
| | week (list any hours for related organizations below dotted line) | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | com f org an | other apensation of the panization drelated anizations | |
| (15) | | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | |
| <u>(20)</u> | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | _ | 102,119 | 0 | | 12,83 | 30 |
| 2 Total number of individuals (including but not limited reportable compensation from the organization | to those liste | d abov | e) w | ho r | ecei | ved m | ore t | han \$100,000 of | 1 | | | |
| - Special Compensation from the Organization | | | | | | | | | <u>+</u> | | Yes | No |
| 3 Did the organization list any former officer, director, | | | - | | _ | | | | | | | |
| employee on line 1a? If "Yes," complete Schedule J 4 For any individual listed on line 1a, is the sum of rep | | | | | | | | tion from the | | 3 | | X |
| organization and related organizations greater than | • | | | | | | | | | | | |
| individual • • • • • • • • • • • • • • • • • • • | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or accrue co | | | - | | | - | zatio | on or individual | | | | |
| for services rendered to the organization? If "Yes," of Section B. Independent Contractors | complete Sch | edule J | for . | such | per | rson | | <u> </u> | | 5 | | Χ |
| Complete this table for your five highest compensate | ed independe | nt cont | racto | ors t | hat r | receive | ed m | ore than \$100 000 | of | | | |
| compensation from the organization. Report compe | | | | | | | | | | | | |
| (A) Name and business address | | | | | | | | (B) | nondana | | (C) | |
| iname and pusiness address | | | | | | | | Description of | JOI VIOCO | COM | ensation | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total number of independent contractors (including limits) | but not limited | I to tho | se li | sted | abo | ve) wh | 10 | 1 | | | | |
| received more than \$100,000 of compensation from | | | • | | | , | | | | | | |

Part VIII

| | | Check if Schedule O contains a response | or no | te to any line in this | Part VIII | | | |
|---|-----|--|-------|---|----------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated campaigns | 1a | | | TOVETIGE | | 012 014 |
| ants ints | b | Membership dues | 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | Fundraising events | 1c | | | | | |
| ffs, r Ar | d | Related organizations | 1d | | | | | |
| nija j | e | Government grants (contributions) | 1e | 7,252 | | | | |
| Sil | f | All other contributions, gifts, grants, | | 7,252 | | | | |
| buti | · | and similar amounts not included above | 1f | 293,442 | | | | |
| a di | g | Noncash contributions included in lines 1a-1 | | 255,112 | | | | |
| S E | h | Total. Add lines 1a-1f | | . | 300,694 | | | |
| | | Totali Add iiiloo ta Ti | | Business Code | 300,054 | | | |
| ne | 2a | Legal Services | | 541100 | 201,191 | 201,191 | | |
| Program Service Revenue | b | Ecgar Scrvrccs | | 311100 | 201,151 | 201,131 | | |
| e R | c | | | | | | | |
| ervic | d | | | | | | | |
| Š | e | | _ | | | | | |
| gra | | All other program service revenue | ᠆. | | | | | |
| P | | Total. Add lines 2a-2f | | | 201,191 | | | |
| | 3 | Investment income (including dividends, inter | | | 201,151 | | | |
| | 3 | and other similar amounts) | | | 112 | | | 112 |
| | 4 | Income from investment of tax-exempt bond | | t t | | | | |
| | 5 | Royalties | | t t | | | | |
| | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | | (", " = " = " = " = " = " = " = " = " = " | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of (i) Securities | | (ii) Other | | | | |
| | / a | assets other than inventory | | (") 5 2.121 | | | | |
| | h | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| e | | Gross income from fundraising | | | | | | |
| enne | | events (not including \$ | | | | | | |
| Other Rev | | of contributions reported on line 1c). | _ | | | | | |
| erl | | See Part IV, line 18 · · · · · · · · · · · · · · · · · · | а | 11,197 | | | | |
| 듐 | b | Less: direct expenses | | 1,205 | | | | |
| | С | Net income or (loss) from fundraising events | | . | 9,992 | | | 9,992 |
| | | Gross income from gaming activities. | | | | | | |
| | | See Part IV, line 19 · · · · · · · · · · · · · · · · · · | а | | | | | |
| | b | Less: direct expenses | | | | | | |
| | С | Net income or (loss) from gaming activities | | | | | | |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | а | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | • | | | | | |
| | е | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions | | | 511,989 | 201,191 | 0 | 10,104 |

Part IX Statement of Functional Expenses

 $\underline{\textit{Section 501(c)(3)} \textit{ and 501(c)(4)} \textit{ organizations must complete all columns. All other organizations must complete column (A).}}$

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | Check if Schedule O contains a response or note to a | <u> </u> | | (0) | |
|--|----|---|----------|-----------------|------------------|-------------|
| Cardia and other assistance to domestic organizations and domestic operations and domestic operations (and the satisfance to domestic individuals Soe Part IV, line 21 2 3 3 3 3 3 3 3 3 3 | | • | | Program service | Management and | Fundraising |
| and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic individuals. See Part IV, line 22 . Grants and other assistance to foreign organizations. Kereign governments, and foreign individuals. See Part IV, lines 15 and 16 . Grants and other assistance to foreign organizations. Kereign governments, and foreign individuals. See Part IV, lines 15 and 16 . Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees . 114,948 . 80,464 . 17,242 . 11,010 . 23,013 . 23,075 . 23,013 . 23,075 . 23,013 . 23,075 . 23,013 . | | | | expenses | general expenses | expenses |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 comparisons, fereign governments, and foreign organizations, fereign governments, and foreign motividuals. See Part IV, line 15 and 16 compension of current officers, directors, trustees, and key employees to disqualified persons (as defined under section 4958(f)) and persons discribed in section 4958(f)) and persons discribed in section 4958(f)) and persons discribed in section 4958(f)) and appears on discribed in section 4958(f)) and appears on discribed in section 4958(f)) and appears of section 4958(f) and appears on discribed in section 4958(f)) and 4958(f) employer contributions (include section 4918) and 4958(f) employer contributions (include section 4958(f)) and 4958(f) employer contributions (include section 4 | 1 | <u> </u> | | | | |
| Individuals See Part N, line 22 | _ | | | | | |
| 3 Grants and other assistance to foreign regularizations, foreign comparizations, foreign programments, and foreign individuals. See Part IV, lines 15 and 16 4 Berefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 9 Compensation of current officers, directors, trustees, and key employees 9 Cher adarties and wages 114,948 80,464 17,242 11,010 12,33,75 11,688 80,464 17,242 17,242 11,010 12,33,75 11,688 28,772 21,518 3,054 22,175 28,872 11,010 5,283 28,772 21,518 3,054 2,075 28,872 11,010 5,283 28,772 21,518 3,054 2,075 28,872 11,010 5,283 28,772 11,010 5,283 28,772 11,100 5,2 | 2 | | | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | _ | · • • • • • • • • • • • • • • • • • • • | | | | |
| Individuals. See Part IV, lines 15 and 16 | 3 | - I | | | | |
| ## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 114,948 80,464 17,242 17,242 Compensation not Included above, to disqualified persons (as defined under section 4958(c)(3)(8) 238,076 203,013 23,375 11,688 Pension plan accruals and contributions (include section 401(x) and 403(x) employer contributions 45,165 28,872 11,010 5,283 Payolit taxes 26,677 21,548 3,054 2,075 Fees for services (non-employees): a Management | | | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees to disqualified persons (as defined under section 4956(f)(1) and persons described in section 4956(f)(1) and 4956(| | · • • • • • • • • • • • • • • • • • • • | | | | |
| 114,948 80,464 17,242 | | | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(1) and 4958() and 11,000 \$2,23,375\$ \$11,688\$ \$11,010 \$5,283\$ \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1 | 5 | · · · · · · · · · · · · · · · · · · · | | | | |
| persons (as defined under section 498(c)(3)(B) 7 Other salaries and wages 8 Pension plan accrutals and contributions (include section 40(k) and 40(b); employer contributions) 9 Other employee benefits 45,165 28,872 11,010 5,283 10 Payroll taxes 26,677 21,548 3,054 2,075 11 Fees for services (non-employees): a Management b Legal | | | 114,948 | 80,464 | 17,242 | 17,242 |
| persons described in section 4958(c)(3)(8) | 6 | • | | | | |
| 7 Other salaries and wages 238,076 203,013 23,375 11,688 8 Pension plan accruais and contributions (include section 401(k) and 405(k) employer contributions) 9 Other employee benefits 45,165 28,872 11,010 5,283 10 Payroll taxes 26,677 21,548 3,054 2,075 11 Fees for services (non-employees): a Management | | | | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions) 9 Other employee benefits | | · · · · · · · · · · · · · · · · · · · | | | | |
| section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 26,677 21,548 3,054 2,075 Peres for services (non-employees): A Management Legal C Accounting 11,120 1 | | <u> </u> | 238,076 | 203,013 | 23,375 | 11,688 |
| 9 Other employee benefits | 8 | • | | | | |
| 10 Payroll taxes | | · · · · · · · · · · · · · · · · · · · | | | | |
| | 9 | | 45,165 | 28,872 | 11,010 | 5,283 |
| a Management b Legal c Accounting tlobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion 3 Office expenses 6 0,143 49,909 6,247 3,987 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expensess in line 24e. If line 24e expenses on Schedule O.) 2 Dues, books and subscription 3 Agost of the expenses 4,300 2,882 1,367 51 Chief expenses 5 Total functional expenses. Add lines 1 through 24e 6 All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Interference on column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill in the combined educational campaign and fundraising solicitation. Check here bill | 10 | | 26,677 | 21,548 | 3,054 | 2,075 |
| b Legal | 11 | ` ', ' | | | | |
| the control of the c | а | | | | | |
| d Lobbying e 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.) Advertising and promotion 13 Office expenses 60,143 49,909 6,247 3,987 14 Information technology 15 Royallies 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 29 Depreciation, depletion, and amortization 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Dues, books and subscription b Other fundraising 291 291 291 291 291 291 291 291 291 291 291 | b | | | | | |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees | С | Accounting | 11,120 | | 11,120 | |
| 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.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 12 Insurance 13 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 12 Dues, books and subscription 15 Other expenses 16 Octor expenses 16 Octor expenses 17 Total functional expenses Add lines 1 through 24e 18 Payments to affiliates 19 Other expenses 295 262 20 13 20 Insurance 21 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 18 Payments to affiliates 291 291 291 291 291 291 291 291 291 291 291 291 301 Costs from 2 complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∫ if | d | Lobbying | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | е | | | | | |
| (A) amount, list line 11g expenses on Schedule O.) 10,708 7,944 1,004 1,760 Advertising and promotion | f | Investment management fees | | | | |
| 12 Advertising and promotion 13 Office expenses | g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 13 Office expenses 60,143 49,909 6,247 3,987 14 Information technology 6, Royalties 60,143 49,909 6,247 3,987 15 Royalties 60,143 49,909 6,247 3,987 16 Occupancy 87,938 73,365 8,926 5,647 17 Travel 87,938 73,365 8,926 5,647 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7 295 262 20 13 19 Conferences, conventions, and meetings 295 262 20 13 10 Interest 7 297 11 Payments to affiliates 7 295 262 1,367 51 21 Payments to affiliates 7 297 22 Depreciation, depletion, and amortization 8 2,882 1,367 51 23 Insurance 8 4,300 2,882 1,367 51 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 | | (A) amount, list line 11g expenses on Schedule O.) | 10,708 | 7,944 | 1,004 | 1,760 |
| 14 Information technology 15 Royalties 16 Occupancy 87,938 73,365 8,926 5,647 17 Travel 87,938 73,365 8,926 5,647 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 295 262 20 13 19 Conferences, conventions, and meetings 295 262 20 13 10 Interest 295 262 20 13 21 Payments to affiliates 29 262 20 13 22 Depreciation, depletion, and amortization 29 282 1,367 51 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 8,044 6,695 497 852 25 Other fundraising 291 | 12 | Advertising and promotion | | | | |
| 15 Royalties | 13 | Office expenses | 60,143 | 49,909 | 6,247 | 3,987 |
| 16 Occupancy | 14 | Information technology | | | | |
| 17 Travel | 15 | Royalties | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings | 16 | Occupancy | 87,938 | 73,365 | 8,926 | 5,647 |
| for any federal, state, or local public officials 19 | 17 | Travel | | | | |
| 19 Conferences, conventions, and meetings | 18 | Payments of travel or entertainment expenses | | | | |
| 20 Interest | | for any federal, state, or local public officials | | | | |
| 21 Payments to affiliates | 19 | Conferences, conventions, and meetings | 295 | 262 | 20 | 13 |
| Depreciation, depletion, and amortization | 20 | Interest | | | | |
| 23 Insurance | 21 | Payments to affiliates | | | | |
| 23 Insurance | 22 | Depreciation, depletion, and amortization | | | | |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Dues, books and subscription b Other fundraising c Merchant fees d Other expenses All other expenses 5 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if merchant fees 1 | 23 | Insurance | 4,300 | 2,882 | 1,367 | 51 |
| line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Dues, books and subscription C Merchant fees d Other expenses All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Interval Inter | 24 | Other expenses. Itemize expenses not covered | | | | |
| (A) amount, list line 24e expenses on Schedule O.) a Dues, books and subscription 8,044 6,695 497 852 b Other fundraising 291 291 c Merchant fees 4,772 4,772 d Other expenses 3,085 2,214 677 194 e All other expenses 615,562 481,940 84,539 49,083 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if | | above (List miscellaneous expenses in line 24e. If | | | | |
| a Dues, books and subscription b Other fundraising c Merchant fees d Other expenses All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | line 24e amount exceeds 10% of line 25, column | | | | |
| b Other fundraising c Merchant fees d Other expenses All other expenses Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| b Other fundraising c Merchant fees d Other expenses All other expenses Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | а | Dues, books and subscription | 8,044 | 6,695 | 497 | 852 |
| the contraction of the contract | _ | | | -,,,,,, | | |
| d Other expenses 3,085 2,214 677 194 e All other expenses 615,562 481,940 84,539 49,083 25 Total functional expenses. Add lines 1 through 24e 615,562 481,940 84,539 49,083 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | | | | 4.772 | | |
| e All other expenses 25 Total functional expenses. Add lines 1 through 24e - 615,562 481,940 84,539 49,083 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | _ | • | | | 677 | 194 |
| Total functional expenses. Add lines 1 through 24e ⋅ 615,562 481,940 84,539 49,083 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | | | 2,003 | 2,221 | 0.7 | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | 615-562 | 481 - 940 | 84 539 | 49_083 |
| organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | 010,302 | 101/510 | 01,000 | 17,003 |
| fundraising solicitation. Check here if | | organization reported in column (B) joint costs | | | | |
| | | · · · | | | | |
| | | _ · _ | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|------------------|---------------|--|---------------------------------|----------|--------------------|
| | | · | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 123,229 | 1 | 45,056 |
| | 2 | Savings and temporary cash investments | 14,498 | 2 | 18,445 |
| | 3 | Pledges and grants receivable, net | 5,000 | 3 | 10,000 |
| | 4 | Accounts receivable, net | -, | 4 | ==,, |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | 26,977 | 9 | 13,848 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 169,704 | 16 | 87,349 |
| | 17 | Accounts payable and accrued expenses | 8,401 | 17 | 15,617 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| jab. | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties · · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D · · · · · · · · · · · · · · · · · · | | 25 | 14,002 |
| | 26 | Total liabilities. Add lines 17 through 25 | 8,401 | 26 | 29,619 |
| | | Organizations that follow SFAS 117 (ASC 958), check here | | | |
| Ses | | complete lines 27 through 29, and lines 33 and 34. | | | |
| lan | 27 | Unrestricted net assets | 161,303 | 27 | 31,256 |
| Ba | 28 | Temporarily restricted net assets | | 28 | 26,474 |
| Pun n | 29 | Permanently restricted net assets | | 29 | |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here and appropriate lines 20 through 24 | | | |
| ts o | 20 | complete lines 30 through 34. Capital stock or trust principal, or current funds | | 20 | |
| se | 30 | • | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds | | 31 32 | |
| Se | 32 33 | Total net assets or fund balances | 161 202 | 33 | E7 730 |
| | 34 | Total liabilities and net assets/fund balances | 161,303 169,704 | 34 | 57,730 87,349 |
| | , | iotal nabinato and not according palaricos | 107,/04 | . ~- | 0/,343 |

2c

За

Χ

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

the Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE A

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2018
Open to Public

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Name of the organization

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

& Children's Law Center 68-0072378 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

68-0072378

90 or 990-EZ) 2018 Family & Children's Law Center 68-0072378

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

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

| 1 Connir | ar year (or fiscal year beginning in) Sifts, grants, contributions, and nembership fees received. (Do not notlude any "unusual grants.") Eax revenues levied for the rganization's benefit and either paid or expended on its behalf The value of services or facilities urnished by a governmental unit to the rganization without charge | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---------------------------|---|-----------------|-----------------|----------|----------|-----------------|-----------|
| n ir 2 T o to | nembership fees received. (Do not not not not not not not not not no | | | | | | |
| to | rganization's benefit and either paid or expended on its behalf · · · · · · · · · · · · · · · · · · · | | | | | | |
| 3 T | urnished by a governmental unit to the rganization without charge | | | 1 | | | |
| fı | ladal Asial Bassa didaman and O | | | | | | |
| 4 T | otal. Add lines 1 through 3 | | | | | | |
| 5 T | he portion of total contributions by | | | | | | |
| е | ach person (other than a | | | | | | |
| g | overnmental unit or publicly | | | | | | |
| | upported organization) included on | | | | | | |
| | ne 1 that exceeds 2% of the amount | | | | | | |
| | hown on line 11, column (f) | | | | | | |
| | ublic support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | I | 1 | 1 | 1 | |
| | ar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 8 G | amounts from line 4 | | | | | | |
| а | let income from unrelated business ctivities, whether or not the business regularly carried on | | | | | | |
| lo | other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) | | | | | | |
| 11 T | otal support. Add lines 7 through 10 . | | | | | | |
| 12 | Gross receipts from related activities, etc. (se | e instructions) | | | | 12 | |
| 0 | irst five years. If the Form 990 is for the organization, check this box and stop here | | | | | | ▶□ |
| | on C. Computation of Public Su | • | | | | Т | |
| | Public support percentage for 2018 (line 6, co | | | | | 14 | % |
| | Public support percentage from 2017 Schedu | | | | | | % |
| | 3 1/3% support test - 2018. If the organization | | | | · | | . □ |
| | ox and stop here. The organization qualifie | | | | | | |
| | 3 1/3% support test - 2017. If the organization quality box and stop here. The organization quality box | | | | | | ▶ □ |
| | 0%-facts-and-circumstances test - 2018. | | | | | | |
| | 0%-racts-and-circumstances test - 2016. 0% or more, and if the organization meets the | - | | | | | |
| | Part VI how the organization meets the "facts" | | | | | | |
| | rganization · · · · · · · · · · · · · · · · · · · | | 0 | ' | , , ,, | | ▶ □ |
| | 0%-facts-and-circumstances test - 2017. | | | | | | |
| | 5 is 10% or more, and if the organization me | J | | | | = | |
| | explain in Part VI how the organization meets | | | | | V | |
| | upported organization · · · · · · · · · · | | | • | • | • | ▶ □ |
| | Private foundation. If the organization did no | | | | | | |
| | nstructions | | | | | <u></u> . | ▶ 🔲 |

90 or 990-EZ) 2018 Family & Children's Law Center Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

| Sec | ction A. Public Support | | | • | • | | |
|-------------------|--|---|--|---|--|-------------------|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 262,904 | 391,390 | 469,590 | 178,567 | 300,694 | 1,603,145 |
| 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 | 176,436 | 174,187 | 199,042 | 204,162 | 201,191 | 955,018 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 • | 35,294 | 4,644 | 8,585 | 3,575 | 11,173 | 63,271 |
| 4 | Tax revenues levied for the 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 | | | | | | |
| 6 | Total. Add lines 1 through 5 | 474,634 | 570,221 | 677,217 | 386,304 | 513,058 | 2,621,434 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b · · · · · · · · · · · · | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 2,621,434 |
| | ction B. Total Support | · · · · · · · · · · · · · · · · · · · | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 · · · · · · · · · · · · · · · · · · | 474,634 | 570,221 | 677,217 | 386,304 | 513,058 | 2,621,434 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 10 | 6 | 706 | 1,337 | 112 | 2,171 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b · · · · · · · · · · · | 10 | 6 | 706 | 1,337 | 112 | 2,171 |
| 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.) | | | | | 25 | 25 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 474,644 | 570,227 | 677,923 | 387,641 | 513,195 | 2,623,630 |
| | First five years. If the Form 990 is for the org organization, check this box and stop here | | | | | | ▶ 🔲 |
| Sec | ction C. Computation of Public Su | | | | - | | |
| 15 | Public support percentage for 2018 (line 8, co | • | ٠,, | • | | 15 | 99.92 % |
| 16 S oc | Public support percentage from 2017 Scheduction D. Computation of Investme | | | | | 16 | 99.92 % |
| 17 | Investment income percentage for 2018 (line | | | ump (f)) | | 17 | 0.00 % |
| 18 | Investment income percentage for 2017 Sci | | - | | i i | 18 | 0.00 % |
| | 33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box at | ation did not check th | ne box on line 14, | and line 15 is more | ، than 33 1/3%, and | line | ···· ▶ ⊠ |
| b 20 | 33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this bearing the private foundation. If the organization did not not be the organization of the organ | ation did not check a ox and stop here. l | box on line 14 or The organization qu | line 19a, and line 16 ualifies as a publicly | 6 is more than 33 1 supported organiz | /3%, and ation | ▶ □ |
| _~ | roundation. ii the organization did ne | A SHOOK & DOX OH IIII | 5 14, 10a, 01 10b, | SHOOK WIIS BOX AND | | | |

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 A. All Supporting Organizations

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

| | | Yes | No |
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Schedule A (Form 990 or 990-EZ) 2018 Family & Children's Law Center 68-0072378 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined

that these activities constituted substantially all of its activities.

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | ganiza | ations | |
|--|----------|-------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | n Nov. 20, 1970 (explai | n in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organiz | ations | must complete Section | ns A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 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 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | _ | ted Type III supporting | organization (see |
| instructions). | J | 71 11 | , 5 |

EEA Schedule A (Form 990 or 990-EZ) 2018

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2014

b Excess from 2015 c Excess from 2016 d Excess from 2017

e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3j

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|-------|--|-----------------------------|---|---|
| Par | t V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organia | 68-007 (continued | 72378 Page 7 |
| | tion D - Distributions | , capporaing organia | (************************************** | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exem | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organizati | ons | |
| 4 | Amounts paid to acquire exempt-use assets | 11 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | organization is respons | ive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |

EEA Schedule A (Form 990 or 990-EZ) 2018

| 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, 2h, 2c, 4h, 4c, 5c, 6c, 9c, 9h, 9c, 11c, 11h, and 11c; Part IV, Section |
|---------|---|
| | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, |
| | 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Employer identification number

Family & Children's Law Center 68-0072378 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
Family & Children's Law Center 68-0072378

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| | | • | |
|------------|-----------------------------------|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | | \$ <u>177,750</u> | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$56,050 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Attach to Form 990.

2018 Open to Public

OMB No. 1545-0047

Inspection Employer identification number

| Fa | mily & Children's Law Center | 68-0072378 |
|--------|--|---------------------------------------|
| Pa | | <u> </u> |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| | | |
| 6 | 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 | |
| | conferring impermissible private benefit? | · · · · · · · · · · · · · · · · · · · |
| Pa | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| - | Preservation of land for public use (e.g., recreation or education) Preservation of a historically in | mportant land area |
| | Protection of natural habitat Preservation of a certified history | • |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser | rvation |
| _ | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| • | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat | |
| | tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | · · · · · · · · · · · · · · · · · · · |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea | asements during the year |
| | • • • • • • • • • • • • • • • • • • • | 3 , |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem | nents during the year |
| | ▶ \$ | , |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) |) |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemen | nt, and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de | |
| | organization's accounting for conservation easements. | |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be | alance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | erance 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 SFAS 116 (ASC 958), to report in its revenue statement and balan | nce sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | |
| | public service, provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | > \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro | · |
| - | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | . \$ |
| a b | Assets included in Form 990, Part X | · · · · · · · · · · · · · · · · · · · |
| | noode morage and only out to the state of th | - Ψ |

| 68 | -007 | 2378 | | Page |
|----|------|------|-----|------|
| • | _ | _ | / " | |

| | t III Organizations Maintaining Colle | | - | | - | | | ets (CC | Jriuriu | <u>ea)</u> |
|-------|---|---------------------|---------------|--------------|----------------|-----------|-----------------------|----------------|---|------------|
| 3 | Using the organization's acquisition, accession, and o | ther records, ch | eck any of | the followi | ng that are a | significa | nt use of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d Loa | n or excha | nge progra | ms | | | | | |
| b | Scholarly research | e 🗌 Othe | er | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections | and explain how | w they furth | er the orga | anization's ex | empt pu | rpose in Part | | | |
| | XIII. | | • | | | | | | | |
| 5 | During the year, did the organization solicit or receive | donations of art | t, historical | treasures, | or other simi | ilar | | | | |
| | assets to be sold to raise funds rather than to be mair | | | | | | | Г | Yes | □No |
| Par | t IV Escrow and Custodial Arrangem | | <u> </u> | | | | | | | |
| | Complete if the organization answer | | n Form 9 | 90, Part | IV, line 9, | or rep | orted an amou | nt on F | orm | |
| 1a | Is the organization an agent, trustee, custodian or oth | er intermediary | for contribu | tions or ot | her assets no | ot . | | | - | |
| | | | | | | | | Г | Yes | □No |
| b | If "Yes," explain the arrangement in Part XIII and com | plete the following | ng table: | | | | | | | _ |
| | , , | • | 5 | | | | Am | ount | | |
| С | Beginning balance | | | | | 10 | 1 | | | |
| d | Additions during the year | | | | | 1d | 1 | | | |
| е | Distributions during the year | | | | | 1e | 1 | | | |
| f | Ending balance | | | | | 1f | + | | | |
| 2a | Did the organization include an amount on Form 990, | | | | al account lia | | · | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. Check h | | | | | • | | | • | Η |
| Par | | cre ii tile explai | iation nas i | occii piovi | aca on rait 7 | XIII | | | | ш |
| . u. | Complete if the organization answer | ered "Yes" or | Form 9 | 90 Part | IV line 10 |) | | | | |
| | |) Current year | (b) Pric | | (c) Two years | | (d) Three years back | T (a) E | our years | haak |
| 1a | Beginning of year balance | y Current year | (6) File | л усаг | (C) TWO years | 5 Dack | (u) Tillee years back | (6) | Jui years | Dack |
| | Contributions | | | | | | | + | | |
| b | | | | | | | | +- | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | + | | |
| d | Grants or scholarships | | | | | | | + | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current year | end balance (lin | ie 1g, colur | nn (a)) held | d as: | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | | |
| b | Permanent endowment • % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should equa | l 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the possession of t | he organization | that are he | ld and adn | ninistered for | the | | | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | - 3a(| (i) | |
| | (ii) related organizations | | | | | | | . 3a(i | ii) | |
| b | If "Yes" on line 3a(ii), are the related organizations list | ed as required o | on Schedul | e R? •• | | | | - 3t | <u>, </u> | |
| 4 | Describe in Part XIII the intended uses of the organization | ation's endowme | ent funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipment | | | | | | | | | |
| | Complete if the organization answer | ered "Yes" or | n Form 9 | 90, Part | IV, line 11 | a. See | Form 990, Pa | rt X, lir | ne 10. | |
| | Description of property | (a) Cost or other | er basis | (b) Cost of | r other basis | (c) | Accumulated | (d) E | Book value | : |
| | | (investme | ent) | (0 | other) | de | epreciation | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| е | Other | | | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must equal For | m 990, Part X, c | column (B), | line 10c.) | | | | | | |

| Part VII | Investments - Other Securities. Complete if the organization answered | | rt IV line 11h See Form 900 | |
|---------------|--|-------------------------|---|------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | on: |
| (1) Financial | derivatives | | | |
| | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered | d "Yes" on Form 990, Pa | rt IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuati Cost or end-of-year market | on: |
| (1) | | | - | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | d "Yes" on Form 990, Pa | rt IV, line 11d. See Form 990, | Part X, line 15. |
| | | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | d "Yes" on Form 990, Pa | rt IV, line 11e or 11f. See Forr | m 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | |
| | income taxes | | | |
| | rred rent | 14,002 | | |
| (3) | | • | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |

| 1. (a) Description of lia | ability | (b) Book value |
|--|---------|----------------|
| (1) Federal income taxes | | |
| (2) Deferred rent | | 14,002 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | 14,002 |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII • • • • • • • □

| Pa | Reconciliation of Revenue per Audited Financial Statements with Revenue per | Return. | |
|---------|---|--------------|------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | - | |
| b | Donated services and use of facilities | - | |
| C C | Other (Describe in Part XIII.) | - | |
| d e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | |
| | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | er Return |) . |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| _C | Add lines 4a and 4b | 4c | |
| 5 Da | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) **T XIII Supplemental Information. | 5 | |
| | | V line | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Par Irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | A, IIIIE | |
| Ζ, Γα | int XI, lines 20 and 4b, and Fart XII, lines 20 and 4b. Also complete this part to provide any additional information. | | |
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EEA Schedule D (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 68-0072378 Family & Children's Law Center

| O1. Committee meeting documentation (Part VI, line 8b) |
|--|
| There are no meetings held by committees with the authority to act on behalf of the |
| governing body. As such, this question is not applicable. |
| |
| 02. Form 990 governing body review (Part VI, line 11) |
| The treasurer reviews the 990 prior to submission and presents it to the Board after it |
| nas been filed. |
| |
| 03. Governing documents, etc, available to public (Part VI, line 19) |
| Family & Children's Law Center makes its governing documents and financial statements |
| available on its website and to the public upon request. There is no written conflict of |
| interest policy as noted in Part VI, line 12a. |
| |
| 04. General explanation attachment |
| (Part III Line 4a Cont'd) - High quality legal representation is critical for families to |
| establish court orders providing child support and custody schedules allowing both the |
| children and parents the security and stability of knowing they will be cared for. We also |
| provide legal representation to victims of domestic violence, obtaining domestic violence |
| restraining orders protecting the victims and their children from their abusers. Last year |
| FACLC provded 1,574 client appointments and the demand for such services only keeps |
| growing. To serve more families and children in these times of great need, we need your |
| nelp and support. Our goal is to break down barriers and to allow access for all to the |
| justice system. |
| |