			EXTENDED TO AUGUST 15, 20	23	
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For	m 🕽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	(except private foundations	» <b>2021</b>
			Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning $OCT \ 1$ , $\ 2021$ and ending	<u>SEP 30, 2022</u>	
Β	Check if applicat	le: C Name o	forganization	D Employer identifica	tion number
	Addr		IMS RIGHTS LAW CENTER, INC		
	chan		usiness as	02-058894	Δ
	chan Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final	. 11 B	EACON STREET, SUITE 520		720
L	→returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,483,671.
	Amer		ON, MA 02108	H(a) Is this a group retu	
			nd address of principal officer: STACY MALONE	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inclu	
<u> </u>	Tax-ex	empt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	
			VICTIMRIGHTS.ORG	H(c) Group exemption r	
κ	orm o	f organization:	X Corporation Trust Association Other ► L Y	rear of formation: 2000 M S	
Pa	art I				
ø	1	Briefly describ	be the organization's mission or most significant activities: $\frac{ ext{THE}   ext{VRLC}}{ ext{VRLC}}$	'S MISSION IS '	TO PROVIDE
anc		LEGAL R	EPRESENTATION TO VICTIMS OF RAPE AND	SEXUAL ASSAULT	TO HELP
erná	2	Check this bo	x $\blacktriangleright$ if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	
No.	3	Number of vo		14	
ن م	4	Number of inc	13		
ies	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		49
Activities & Governance	6		of volunteers (estimate if necessary)		67
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
		Contributions	and grants (Dart ) (III, line 1h)	Prior Year 3,307,492.	Current Year 3,243,071.
Revenue	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	54,735.	183,298.
sver	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	40.	40.
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,006.	21,972.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,371,273.	3,448,381.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
S	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,378,502.	2,230,173.
nse	16a			0.	0.
Expenses	b	Total fundrais	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ►197,024.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	943,008.	618,285.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,321,510.	2,848,458.
	19	Revenue less	expenses. Subtract line 18 from line 12	49,763.	599,923.
s or				Beginning of Current Year	End of Year
sset 3ala	20	Total assets (I		857,708.	1,194,495.
Net Assets or Fund Balances	21		(Part X, line 26)	446,172.	183,036.
			fund balances. Subtract line 21 from line 20	411,536.	1,011,459.
	art II			tomonto and to the bast of service	noulodge and helief it !-
			I declare that I have examined this return, including accompanying schedules and sta . Declaration of preparer (other than officer) is based on all information of which prep		nowledge and bellet, it is
uue	, corre		. Declaration of preparet (other than onicer) is based on an information of which prep	arer nas any knowledge.	

Sign	Signature of officer		Date							
Here	STACY MALONE, EXECUTIV	/E DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	SANDRA M. BROWN, CPA	SANDRA M. BROWN, CPA08/07								
Preparer	Firm's name SMITH, SULLIVAN		Firm's EIN ▶ 43–1985162							
Use Only	Firm's address 80 FLANDERS ROAI	) - SUITE #302								
	WESTBOROUGH, MA	01581	Phone no. (508) 871-7178							
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form <b>990</b> (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) VICTIMS RIGHTS LAW CENTER, INC 02-0588944	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	0
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE VRLC'S MISSION IS TO PROVIDE LEGAL REPRESENTATION TO VICTIMS OF	
	RAPE AND SEXUAL ASSAULT TO HELP REBUILD THEIR LIVES; AND TO PROMOTE	A
	NATIONAL MOVEMENT COMMITTED TO SEEKING JUSTICE FOR EVERY RAPE AND	
	SEXUAL ASSAULT VICTIM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		XNa
-	If "Yes," describe these new services on Schedule O.	<b>v</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	A No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	nd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,675,051. including grants of \$) (Revenue \$)	)
	CLIENT SERVICES-VRLC ATTORNEYS PROVIDE FREE CIVIL LEGAL SERVICES TO	
	OVER 1,000 RAPE AND SEXUAL ASSAULT SURVIVORS A YEAR THROUGHOUT	
	MASSACHUSETTS AND IN MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES,	
	OREGON. VRLC ATTORNEYS REPRESENT INDIVIDUAL SURVIVORS TO HELP STABIL	IZE
	AND REBUILD THEIR LIVES IN THE AREAS OF EDUCATION, EMPLOYMENT, HOUSI	NG,
	IMMIGRATION, PRIVACY, SAFETY, AND FINANCIAL SECURITY.	-
		00
4b	(Code: ) (Expenses \$ 596,062. including grants of \$ ) (Revenue \$ 183,2	90.)
	NATIONAL TRAINING & TECHNICAL ASSISTANCE- VRLC ATTORNEYS PROVIDE	
	NATIONAL, IN PERSON, AND ONLINE TRAININGS, CONSULTATIONS, AND	
	MENTORSHIP TO THOUSANDS OF LAWYERS, ADVOCATES, LAW ENFORCEMENT,	
	EDUCATORS, ADMINISTRATORS, MEDICAL PROFESSIONALS, AND OTHERS TO ADVA	
	ACCESS TO JUSTICE FOR RAPE AND SEXUAL ASSAULT SURVIVORS THROUGHOUT T	HE
	UNITED STATES AND TERRITORIES. THE VRLC HAS TWO NATIONAL TECHNICAL	
	ASSISTANCE PROGRAMS: (1) SEXUAL ASSAULT JUSTICE EDUCATION PROJECT	
	SPECIFICALLY FOR OFFICE FOR VIOLENCE AGAINST WOMEN (OVW) LEGAL	
	ASSISTANCE TO VICTIMS GRANTEES AND (2) PRIVACY RIGHTS PROJECT TO	
	PROMOTE THE PRIVACY RIGHTS OF SURVIVORS FOR ALL OVW GRANTEES.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 2,271,113.	
	Form <b>99</b>	<b>0</b> (2021)
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	3	
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Form	990	(2021)

Part IV Checklist of Required Schedules

VICTIMS RIGHTS LAW CENTER, INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	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 candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Δ	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more 2 if "Ves." complete Schedule E. Parts Land IV.	1/1		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	<b>^</b> (2021)
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Form 990 (2	2021)	VICTIMS	RIGHTS	LAW
Part IV	Checklist of	f Required Sch	edules (cont	inued)

			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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2021.06010 VICTIMS RIGHTS LAW CENTER, VIC89441

Form 990	(2021)
Part V	Sta

2a						No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		49			
	filed for the calendar year ending with or within the year covered by this return	2a			x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the state of the stat			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			-		v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			x
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	ιτ)?	4a		
	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			<b>.</b>		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		x
	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 contribut		•	<b>C</b> 1-		
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).		un vide dita tha may avo	_		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 82822	-		70		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		+2	7e		х
				7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo					- 23
	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
				8		
				0		
	Sponsoring organizations maintaining donor advised funds.			00		
				9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		
	Section 501(c)(7) organizations. Enter:	100				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	dUI				
	Section 501(c)(12) organizations. Enter:	44.				
а	Gross income from members or shareholders	11a				
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against					
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		10-		
a b 12a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b>11b</b> 1041?		12a		
a b 12a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>11b</b> 1041?	,	12a		
a b 12a b 13	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>11b</b> 1041? <b>12b</b>		-		
a b 12a b 13 a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	<b>11b</b> 1041? <b>12b</b>		12a 13a		
a b 12a b 13 a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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>11b</b> 1041? <b>12b</b>		-		
a b 12a b 13 a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the	11b 1041? 12b		-		
a b 12a b 13 a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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	11b 1041? 12b		-		
a b 12a 13 a b c	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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	11b 1041? 12b 13b 13c		13a		
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a b 12a b 13 a b c 14a b 15	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	11b 1041? 12b 13b 13c	or	13a 14a 14b		
a b 12a b 13 a b c 14a b 15 16	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	<b>11b</b> 1041? <b>12b</b> <b>13b</b> <b>13c</b> <i>I</i> 3c <i>I</i> 3c	or	13a 14a 14b 15		x
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a b 12a b 13 a b c 14a b 15 16 17	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	11b 1041? 12b 13b 13c //e O rration t incor any	or ne?	13a 14a 14b 15		x

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

Х

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

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
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 rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		-	
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye on Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA , OR					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	on Scl	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records 🕨			
	CORNELIUS MCGARRY - 617-399-6720					
	11 BEACON STREET, SUITE 520, BOSTON, MA 02108					
2006	3 12-09-21			Form	9 <b>90</b>	(202
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50	807 807818 VIC8944 2021.06010 VICTIMS RIGHTS	LAW	CENTER.	VIC	2894	44

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title         Average hours per vex         Description mode and a structure bill any hours for related organization bills any bills any	(A)	(B)				C)			(D)	(E)	(F)
hour per week (ist any income and a metal of a disc organizationscompensation from the organizationscompensation and and related organizationsanount of other compensation (W2/1039-MISC)anount of other organizations(1) STACY MALONE, ESQ EXECUTIVE DIRECTOR OF TRANCE40.00XX102,607.0.20,672.(2) JESTICA MINDLIN DIRECTOR OF TRANLING40.00XX100,563.0.5,264.(3) CORNELUIS MCGARRY DIRECTOR OF TRANLING40.00XX0.0.0.DIRECTOR OF TRANLING (3) CORNELUIS MCGARRY (4) REBECCA CHABIN (5) MAEGAN WILKINBON2.00XX0.0.0.(4) REBECCA CHABIN (5) MAEGAN WILKINBON2.00XX0.0.0.0.(6) BRENDA SHARTON, ESQ BOARD MEMBER2.000XX0.0.0.0.(6) RENDA SHARTON, ESQ BOARD MEMBER2.000XX0.0.0.0.(7) DISCIPTION DICKERSON, ESQ BOARD MEMBER2.000XX0.0.0.0.(10) ADAGA SPECTRA ASALA BOARD MEMBER2.000XX0.0.0.0.(11) MANUERA ROBINSON, ESQ BOARD MEMBER2.000XX0.0.0.0.(11) MANUERA ROBINSON, ESQ BOARD MEMBER2.000XX0.0.0.0.(11) MANUERA ROBINSON, ESQ BOARD MEMBER2.000XX0.0			Position							. ,	
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(1)         STACY MALONE, ESQ         40.00         x         x         x         x         102,607.         0.         20,672.           (2)         JESICA MINDLIN         40.00         x         100,563.         0.         5,264.           (3)         CORRELUS MCGARRY         40.00         x         100,563.         0.         5,264.           (3)         CORRELUS MCGARRY         40.00         x         28,560.         0.         8,875.           (4)         REBECCA CHASEN         5.00         x         x         0.         0.         0.           (5)         MAGCAN MILLINSON         2.00         x         x         0.         0.         0.         0.           (6)         BERDA SHARTON, ESQ         5.00         x         x         0.         0.         0.           (7)         BIRGITTA DICKERSON, ESQ         2.00         x         0.         0.         0.         0.         0.           (9)         ARISTA GREBRSON, ESQ         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td>-</td><td>ual tr</td><td>ional</td><td></td><td>ploye</td><td>t com /ee</td><td></td><td>1099-INEC)</td><td></td><td></td></td<>		-	ual tr	ional		ploye	t com /ee		1099-INEC)		
(1)         STACY MALONE, ESQ         40.00         x         x         x         x         102,607.         0.         20,672.           (2)         JESICA MINDLIN         40.00         x         100,563.         0.         5,264.           (3)         CORRELUS MCGARRY         40.00         x         100,563.         0.         5,264.           (3)         CORRELUS MCGARRY         40.00         x         28,560.         0.         8,875.           (4)         REBECCA CHASEN         5.00         x         x         0.         0.         0.           (5)         MAGCAN MILLINSON         2.00         x         x         0.         0.         0.         0.           (6)         BERDA SHARTON, ESQ         5.00         x         x         0.         0.         0.           (7)         BIRGITTA DICKERSON, ESQ         2.00         x         0.         0.         0.         0.         0.           (9)         ARISTA GREBRSON, ESQ         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>divid</td><td>stitut</td><td>fficer</td><td>ey en</td><td>ighes</td><td>ormei</td><td></td><td></td><td>organizations</td></td<>			divid	stitut	fficer	ey en	ighes	ormei			organizations
EXECUTIVE DIRECTOR/BOARD M         X         X         X         X         102,607.         0.         20,672.           (2) JESETCA MIDLIN         40.00         X         X         100,563.         0.         5,264.           (3) CORNELIUS MCGARRY         40.00         X         28,560.         0.         8,875.           (4) REBECCA CHASEN         5.00         X         28,560.         0.         8,875.           CO-CHAIR         X         X         0.         0.         0.         0.           (5) MAEGAN WILKINSON         2.00         X         X         0.         0.         0.           (6) BRENDA SHARTON, ESQ         5.00         X         0.         0.         0.         0.           (7) BIGGITA DICRESSON, ESQ         2.00         X         0.         0.         0.         0.           (9) KRISTA GREEN PRAT, ESQ         2.00         X         0.         0.         0.         0.           (10) ADAGA SPECTRA ASALA         2.00         X         0.         0.         0.         0.           (11) MARYBETH BURKE         2.00         X         0.         0.         0.         0.           DOARD MEMBER         X	(1) STACY MALONE ESO	,	-			×	Ξē	Œ			
(2)         JESSICA MINDLIN         40.00         x         100,563.         0.         5,264.           (3)         CORNELUS MCGARRY         40.00         x         28,560.         0.         8,875.           (4)         REBECCA CHASEN         5.00         x         x         0.         0.         0.           (5)         MAEGAN WILKINSON         2.00         x         x         0.         0.         0.           (6)         BERNDA SHARTON, ESQ         5.00         x         0.         0.         0.           (7)         BIRGITTA DICKERSON, ESQ         5.00         x         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.           (8)         ANDRA ROBINSON, ESQ         2.00         x         0.         0.         0.           (9)         KRISTA GREEN FRATT, ESQ         2.00         x         0.         0.         0.           (10) ADAGRA SPECTRA ASALA         2.00         x         0.         0.         0.           (11)         MARUBER         X         0.         0.         0.         0.           (12) BERTETH BURKE         2.00			x		x				102,607.	Ο.	20,672.
(3)         CORNELIUS MCGARRY         40.00         X         28,560.         0.         8,875.           C14)         REBECTAR OF FINANCE         5.00         X         X         0.         0.         0.           C0-CHAIR         X         X         0.         0.         0.         0.           C7)         DIRGITTA DICKERSON, ESQ         2.000         X         0.         0.         0.           C0-CHAIR         X         0.         0.         0.         0.         0.         0.           C0-CHAIR         X         X         0.         0.         0.         0.         0.           C11)         MARPER         X         X         0.         0.	(2) JESSICA MINDLIN	40.00									
(3)         CORNELIUS MCGARRY         40.00         X         28,560.         0.         8,875.           C14)         REBECTAR OF FINANCE         5.00         X         X         0.         0.         0.           C0-CHAIR         X         X         0.         0.         0.         0.           C7)         DIRGITTA DICKERSON, ESQ         2.000         X         0.         0.         0.           C0-CHAIR         X         0.         0.         0.         0.         0.         0.           C0-CHAIR         X         X         0.         0.         0.         0.         0.           C11)         MARPER         X         X         0.         0.	DIRECTOR OF TRAINING		1				Х		100,563.	0.	5,264.
(4)         REBECCA CHASEN         5.00         X         X         X         0.         0.         0.           (5)         MAEGAN WILKINSON         2.00         X         X         0.         0.         0.         0.           (6)         BREARTON, ESQ         5.00         X         X         0.         0.         0.           (7)         BIRGTTA DICKERSON, ESQ         2.00         X         0.         0.         0.           (7)         BIRGTTA DICKERSON, ESQ         2.00         X         0.         0.         0.           (7)         BIRGTTA DICKERSON, ESQ         2.00         X         0.         0.         0.           (8)         ANDREA ROBINSON, ESQ         2.00         X         0.         0.         0.           (9)         KRISTA GREEN PRATT, ESQ         2.00         X         0.         0.         0.           (10)         ADARA SPECTRA ASALA         2.00         X         0.         0.         0.           (11)         MARMBER         X         0.         0.         0.         0.           (11)         MARMER         X         0.         0.         0.         0.         0. </td <td>(3) CORNELIUS MCGARRY</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) CORNELIUS MCGARRY	40.00									
CO-CHAIRXXX0.0.0.(5)MARCAN WILKINSON2.00XX0.0.0.TREASURERXXX0.0.0.0.(6)BENDA SHARTON, ESQ5.00XX0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.(10)ADARA SPECTRA ASALA2.000X0.0.0.BOARD MEMBERX0.0.0.0.0.(11)MARDERX0.0.0.0.(12)ELZABETH HUNPATIN1.000.0.0.0.BOARD MEMBERX0.0.0.0.0.(13)BRET MIRLIANI1.000.0.0.0.Idage BERX0.0.0.0.0.(14)SINIKIWE NGOBESE1.00X0.0.0.Idage BERX0.0.0.0.0.(15)CHARLOTTE CIPOLLETTI1.000.0.0.0.BOARD MEMBERX0.0.0.0.0.(16)SOFIA HUSSAIN1.00X0.0.0.BOARD MEMBERX0.0.<	DIRECTOR OF FINANCE		1		X				28,560.	0.	8,875.
(5) MAEGAN WILKINSON2.00XXX0.0.0.TREASURERXXX0.0.0.0.0.(6) BRENDA SHARTON, ESQ5.00X0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.CO-CHAIRXX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0. <t< td=""><td>(4) REBECCA CHASEN</td><td>5.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(4) REBECCA CHASEN	5.00									
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(6)BRENDA SHARTON, ESQ5.00X0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.(9)KRISTA GREEN FRATT, ESQ2.00XX0.0.0.CO-CHAIRX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.I1)MARVBETH BURKE2.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.I2)ELIZABETH HUNPATIN1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.I3)BRETT MIRLIANI1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.I5)CHARLOTTE CIPOLLETTI1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.BOARD MEMBERX0.0.	(5) MAEGAN WILKINSON	2.00									
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(7)       BIRGITTA DICKERSON, ESQ       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	(6) BRENDA SHARTON, ESQ	5.00								_	_
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(8) ANDREA ROBINSON, ESQ       2.00       X       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.         (9) KRISTA GREEN PRATT, ESQ       2.00       X       X       0.       0.       0.         (10) ADAORA SPECTRA ASALA       2.00       X       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	(7) BIRGITTA DICKERSON, ESQ	2.00									_
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FORMER BOARD MEMBERX0.0.0.(15) CHARLOTTE CIPOLLETTI1.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) SOFIA HUSSAIN1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) KAREN O'MALLEY1.00X0.0.0.BOARD MEMBERX0.0.0.0.		1 00							0.	0.	0.
(15) CHARLOTTE CIPOLLETTI1.000.0.0.0.BOARD MEMBERX0.0.0.0.(16) SOFIA HUSSAIN1.00BOARD MEMBERX(17) KAREN O'MALLEY1.00BOARD MEMBERX0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	v						0	0	0
BOARD MEMBERX0.0.0.(16) SOFIA HUSSAIN1.00BOARD MEMBERX0.0.0.(17) KAREN O'MALLEY1.00BOARD MEMBERX0.0.0.		1 00							0.	0.	<u>U•</u>
(16) SOFIA HUSSAIN1.000.0.BOARD MEMBERX0.0.0.(17) KAREN O'MALLEY1.00X0.0.BOARD MEMBERX0.0.0.		1.00	v						0	0	0
BOARD MEMBERX0.0.0.(17) KAREN O'MALLEY1.00X0.0.0.BOARD MEMBERX0.0.0.0.		1.00							0.	•	<b>U •</b>
(17) KAREN O'MALLEY         1.00         X         0. <td></td> <td>1.00</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1.00	x						0.	0.	0.
BOARD MEMBER X 0. 0. 0.		1.00				-				0.	<del>.</del>
			x						0.	0.	0.
	132007 12-09-21	1		-						•••	Form <b>990</b> (2021)

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2021.06010 VICTIMS RIGHTS LAW CENTER,

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VIC89441

Form 990 (2021) VICTIMS									02-05	889	944	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A) Name and title	verage         Position         Reporta           ours per         (do not check more than one box, unless person is both an officer and a director/trustee)         compens           week         officer and a director/trustee)         from					h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Est am	(F) imate ount c other	of	
hours for 불 proganization (W-2/1099-M							organizations (W-2/1099-MISC 1099-NEC)	*	orga and	ensation the nization relate	e on ed		
								$\square$					
										$\square$			
		<u> </u>								-+			
										-+			
										+			
										+			
		╞								+			
										+			
1b Subtotal c Total from continuation sheets to Part V								231,730.		0.	34	.,81	11.
d Total (add lines 1b and 1c)								231,730.		0.	34	.,81	
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	nose	liste	ed a	bove	e) wł	וס r	eceived more than \$100	0,000 of reportable				2
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, I	key e	emp	loye	e, or	r hig	ghest compensated emp	bloyee on			Yes	No
line 1a? If "Yes," complete Schedule J for s4For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		х 
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	n any	/ unr	elat	ted organization or indiv	idual for services		4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedul	eJt	or si	uch	pers	son .					5		X
1 Complete this table for your five highest co the organization. Report compensation for										ensa	tion fr	om	
(A)		car	enui	ing v				(B)			(C)		
Name and business	address						_	Description of s	services	Co	mpen	satior	1
ANNETTE FLORCZAK, LLC         49 BERYL STREET, ROSLINDALE, MA 02131         CFO SERVICES									106	5,30	)7.		
2 Total number of independent contractors (	ncludina but n	not li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	•					1		, <u></u>		F	orm 9	<b>90</b> (2	2021)
132008 12-09-21												-	

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			Check if Schedule O contains a	response	or note to any li				
						(A) Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b		1			
ΩĘ				10 1c	467,892.	-			
rAs			Fundraising events		407,052.	4			
ila ila			<b>J</b>	1d		4			
Sir,			Government grants (contributions)	1e ⊿,	557,568.	4			
er (		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above	1f	217,611.				
d d d		g	Noncash contributions included in lines 1a-1f	1g \$					
аS		h	Total. Add lines 1a-1f			3,243,071.			
					Business Code				
Ð	2	а	PROGRAM SERVICE FE	ES	900099	183,298.	183,298.		
vic	2					20072501			
jer ue		b							
Program Service Revenue		С							
Be		d							
õ_		е							
6		f	All other program service revenue						
		g	Total. Add lines 2a-2f		🕨	183,298.			
	3		Investment income (including divider	nds, intere	est, and				
			other similar amounts)		►	40.			40.
	4		Income from investment of tax-exem						
	5		Royalties	• •	•				
	ľ			Real	(ii) Personal				
		_		Hour	(ii) i oroontar	-			
	0		Gross rents 6a			4			
			Less: rental expenses 6b			4			
			Rental income or (loss) 6c						
		d	Net rental income or (loss)		. <u></u>				
	7	а	Gross amount from sales of (i) Se	ecurities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
е			and sales expenses <b>7b</b>						
en		c	Gain or (loss) 7c			1			
Other Revenue			Net gain or (loss)						
F									
ţ	8	а	Gross income from fundraising events (n						
0			including \$ 467,892.						
			contributions reported on line 1c). Se						
			Part IV, line 18		56,750.				
		b	Less: direct expenses	8b	35,290.				
		с	Net income or (loss) from fundraising	events	►	21,460.			21,460.
	9	а	Gross income from gaming activities	. See					
			Part IV, line 19						
		þ	Less: direct expenses						
			Net income or (loss) from gaming act		└ ····· ►				
	10		Gross sales of inventory, less returns						
		a	-						
			and allowances			4			
			Less: cost of goods sold	-					
	<u> </u>	С	Net income or (loss) from sales of inv	entory					
s					Business Code				
e e	11	а	OTHER REVENUE		900099	512.	512.		
anc		b							
e ell		с							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d		• •	512.			
	12		Total revenue. See instructions			3,448,381.	183,810.	0.	21,500.
13200					····· F				Form <b>990</b> (2021)

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Form 990 (2021)

Part VIII Statement of Revenue

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Page 9

Part IX Statement of Functional Expenses

VICTIMS RIGHTS LAW CENTER, INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	231,209.	125,813.	95,014.	10,382
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,632,225.	1,368,910.	152,010.	111,305
8	Pension plan accruals and contributions (include				• • • •
	section 401(k) and 403(b) employer contributions)	34,273.	27,071.	5,021.	2,181
9	Other employee benefits	186,089.	154,723.	18,869.	12,497
0	Payroll taxes	146,377.	117,694.	19,086.	9,597
1	Fees for services (nonemployees):				
а	Management	24 701	24 600		
b	Legal	34,721. 38,367.	34,688.	33. 38,367.	
с	Accounting	30,307.		30,307.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	235,751.	195,525.	5,295.	34,931
12	Advertising and promotion	255,751.	193,323.	5,255.	54,551
13	Office expenses	136,263.	86,393.	37,501.	12,369
14	Information technology	24,800.	21,501.	1,722.	1,577
15	Royalties	,	,	,	<b>,</b> -
16	Occupancy	70,808.	70,737.	71.	
17	Travel	21,080.	18,134.	2,455.	491
8	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,609.	7,580.	1,789.	240
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,838.	24,838.		
23	Insurance	20,114.	17,170.	1,664.	1,280
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,083.		1,083.	
b	MEALS	851.	336.	341.	174
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,848,458.	2,271,113.	380,321.	197,024
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

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VIC89441

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

VICTIMS RIGHTS LAW CENTER, INC Part X Balance Sheet

Т

		Check if Schedule O contains a response or note to any		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		304,238.	1	599,344.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		443,055.	3	512,080.
	4	Accounts receivable, net		3,491.	4	24,897.
	5	Loans and other receivables from any current or former		-		
	_	trustee, key employee, creator or founder, substantial c				
		controlled entity or family member of any of these perso			5	
	6	Loans and other receivables from other disqualified per				
		under section 4958(f)(1)), and persons described in sec			6	
sts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
Ř	9			51,546.	9	23,841.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	109,003.			
	b		87,337.	46,504.	10c	21,666.
	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	8,874.	15	12,667.	
	16	Total assets. Add lines 1 through 15 (must equal line 3	857,708.	16	1,194,495.	
	17	Accounts payable and accrued expenses	183,566.	17	183,036.	
	18	Grants payable			18	
	19	Deferred revenue	······ _	110,850.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
ies	22	Loans and other payables to any current or former offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substantial c				
.iat		controlled entity or family member of any of these perso			22	
-	23	Secured mortgages and notes payable to unrelated thin		150,000.	23	
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24)	. Complete Part X	1,756.		0
		of Schedule D	······ _	446,172.	25	0. 183,036.
	26	Total liabilities. Add lines 17 through 25	N Y	440,172.	26	105,050.
es		Organizations that follow FASB ASC 958, check here				
JUC	07	and complete lines 27, 28, 32, and 33.		333,485.	07	903,846.
3ala	27		······ –	78,051.	27	107,613.
Ы	28	Net assets with donor restrictions		70,051.	28	107,013.
Fur		Organizations that do not follow FASB ASC 958, che				
ç	20	and complete lines 29 through 33.			29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmer			29 30	
Ass	30 31	Retained earnings, endowment, accumulated income, o			30	
Net Assets or Fund Balances	32	Total net assets or fund balances	<b>F</b>	411,536.	32	1,011,459.
2	33	Total liabilities and net assets/fund balances		857,708.	33	1,194,495.
	00			,	00	Eorm <b>990</b> (2021)

Form **990** (2021)

Form	1 990 (2021) VICTIMS RIGHTS LAW CENTER, INC	02-0588	944	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					~ 1
1	Total revenue (must equal Part VIII, column (A), line 12)		,448		
2	Total expenses (must equal Part IX, column (A), line 25)		848		
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41.	1,5	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1	,011	1 /	50
Da	column (B)) rt XII Financial Statements and Reporting	10	.,01.	1,4	59.
IU	Check if Schedule O contains a response or note to any line in this Part XII				
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	<b>990</b> (	2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Na	ne of	the organization	de le trittineige				Ĩ	nployer	identification number
			IMS RIGHTS	LAW CENTER,	INC				2-0588944
Pa	art I	Reason for Public				his part.) S	See instructions.		
The	orgar	nization is not a private found			· ·				
1		A church, convention of ch							
2		A school described in sect							
3		A hospital or a cooperative				Y6V1VAVi	ii)		
4		A medical research organiz					-	) Enter	the hospital's name
-		city, and state:	ation operated in co		ucsenber		, 170, 5), 1), A), III	J. LINCI	the hospital s hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental unit	describ	oed in
5		section 170(b)(1)(A)(iv). (C				led by a g		ueschi	
6				mantal unit described in a	nantion 17	70/61/41/41	(L)		
0 7	X	A federal, state, or local go							nulational and a suite set in
'	21	An organization that norma	•	antial part of its support i	rom a gov	ernmenta	unit or from the	general	public described in
~		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of th	le colleg	e or
40		university:		··· 00.4/00/ 6''					
10		An organization that norma	• • • •						•
		activities related to its exen		•	. ,				•
		income and unrelated busin		e (less section 511 tax) fro	om busine	esses acqu	lired by the orgai	nization	after June 30, 1975.
		See section 509(a)(2). (Con	-						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-		-		
		more publicly supported or							check the box on
		lines 12a through 12d that				-		-	
ć		<b>Type I.</b> A supporting orga	-	-	•				
		the supported organization		• • • • •	a majority (	of the dire	ctors or trustees	of the s	supporting
		organization. You must o	-						
1		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or manage	the sup	ported
		organization(s). You mus							
0		Type III functionally interpretent of the second					-	integrate	ed with,
		its supported organizatio							
0		Type III non-functionally	• • •				••	•	
		that is not functionally int			•		-	n attent	iveness
	_	requirement (see instruct	-						
•	•	Check this box if the orga					a Type I, Type II,	Type III	
		functionally integrated, or		onally integrated support	ing organiz	zation.			
i		er the number of supported of							
		vide the following information	1		(iv) Is the orga	inization listed	(		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of mo support (see instru	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see main		

Schedule A	Form	aan	202
Schedule A	FOUL	990)	202

Part II

VICTIMS RIGHTS LAW CENTER, INC 02-0588944 Page 2 or Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to succeive the tests listed below, share a consulty Deck III.)

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2595034.	3050665.	3648825.	3307492.	3243071.	15845087.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	3 The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2595034.	3050665.	3648825.	3307492.	3243071.	15845087.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						15845087.			
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	2595034.	3050665.	3648825.	3307492.	3243071.	15845087.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources $\dots$	44.	31.	45.	40.	40.	200.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on					21,460.	21,460.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	11,746.	6,476.	32,657.	9,006.	512.				
11	Total support. Add lines 7 through 10						15927144.			
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	355,602.			
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)				
	organization, check this box and stop						▶∟			
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2021 (					14	99.48 %			
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	99.58 %			
<b>1</b> 6a	<b>33 1/3% support test - 2021.</b> If the o	-								
	stop here. The organization qualifies									
k	<b>33 1/3% support test - 2020.</b> If the o									
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pi	ublicly supported	organization		▶∟			
k	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circ						▶∐			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a					
						Schedule A	(Form 990) 2021			

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Schedule A	(Form 990)	2021	VICTIMS	RIGHTS	LAW	CENTER,	INC
Part III	Support	Schedule	for Organizati	ons Descri	bed in	Section 509	)(a)(2)

# (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
9	Amounts from line 6								
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>		
14	First 5 years. If the Form 990 is for th	-			-		on,		
6-	check this box and stop here	ia Cumpant D-	rooptogo				<b>&gt;</b>		
	ction C. Computation of Publ					1 1			
	Public support percentage for 2021 (					15	%		
	Public support percentage from 2020					16	%		
	ction D. Computation of Inves		•			1 1			
	Investment income percentage for 20					17	%		
	Investment income percentage from					18	%		
19a	a 33 1/3% support tests - 2021. If the						7 is not		
k	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization								
	23 01-04-22	THUR HUL CHECK A	50X 011 III IE 14, 19	a, ULISD, CHECK	THE DUX AND SEE IN		🕨 🛄 🗛		
1320	23 01-04-22			16		Schedule P	1 (i 0i ili 330) 202 l		
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

### VICTIMS RIGHTS LAW CENTER, INC Schedule A (Form 990) 2021

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Ра	rt IV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No" describe in <b>Part VI</b> how the supported organization(s)			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Sec	ction C. Type II Supporting Organizations	 	_
		 Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		l

	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b 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. 132025 01-04-22

Schedule A (Form 990) 2021

2a

2b

За

3b

Yes No

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	Schedule A	(Form 990	) 2021	VICTI	MS RI	GHTS .	LAW	CENTER	, INC	
ĺ	Part V	Type III	Non-	Functionally Int	egrated	d 509(a)(	3) Sup	porting O	rganizati	ons

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 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	е			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(iii)		
Secti	on E - Distribution Allocations (see instructions)	าร	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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Part VI	(Form 990) 2021 Supplemental	Information Dr	ovide the evolution	tions required b	v Part II lino	10. Part II line	17a or 17h. Dart III	line 12
	Part IV, Section A, li line 1; Part IV, Secti	lines 1, 2, 3b, 3c, 4t ion D, lines 2 and 3	o, 4c, 5a, 6, 9a, 9k ; Part IV, Section	o, 9c, 11a, 11b, E, lines 1c, 2a, 2	and 11c; Parl b, 3a, and 3b	t IV, Section B, I ); Part V, line 1;	ines 1 and 2; Part Part V, Section B,	IV, Section C, line 1e; Part \
	Section D, lines 5, 6 (See instructions.)	3, and 8; and Part V	, Section E, lines	2, 5, and 6. Also	complete th	is part for any a	dditional informati	on.
	· · ·							
32028 01-04-2	22						Schedule	A (Form 990)
				21				•

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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



VIC89441

Name of the organization

VICTIMS RIGHTS LAW CENTER, INC

Employer identification num	ber
02-0588944	

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, In	e o. (a) Donor advised funds	(b) Euro	ds and other accounts
	Tatal much an at an diafaran	(a) Donor advised funds	(b) Full	
1	Total number at end of year			
2	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
3 ⊿				
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the apparts hold in depart advised	fundo	
5	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor of		-	
			-	Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990. Pa	t IV. line 7	
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recrea		nistoricallv	important land area
	Protection of natural habitat	Preservation of a d	-	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ied conservation contribution in the form of	a conserva	ation 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			
с	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation eas	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easemer	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	· · · · · · · · · · · · · · · · · · ·		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that des	scribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	er Simil	ar Assets
1 41	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		halance s	sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			et works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre			le
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
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		20		

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	dule D (Form 990) 2021 VICTIMS t III Organizations Maintaining C	RIGHTS LA		-		or Othe		02-05 ar Asse			age <b>2</b>
3	Using the organization's acquisition, accessi									iueu)	
3	collection items (check all that apply):	on, and other record	15, CHEC	k any or the		at make s	ayımcan				
а	Public exhibition	ć		l oan or exc	hange progra	am					
b	Scholarly research	e			nange progr						
c	Preservation for future generations		·								
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizat	ion's exe	mot ouro	ose in Par	+ XIII		
5	During the year, did the organization solicit o	•			•						
•	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par			5				, ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributior	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f		-		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete in	-									
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	a)) held as:						
a	Board designated or quasi-endowment	<u> </u>	_%								
b	Permanent endowment	%									
с		%									
0-	The percentages on lines 2a, 2b, and 2c sho				un el en el una instante						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	na administe	ered for ti	ne organiz	ation	1	Yes	No
	by:								20(1)	103	
	(i) Unrelated organizations								3a(i) 3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R2							
4	Describe in Part XIII the intended uses of the								50		
_	t VI Land, Buildings, and Equipm		Switterit	iunus.							
	Complete if the organization answered		0, Part IV	/, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr	other	(b) Cost	or other (other)	(c) A	ccumulate preciation	ed	( <b>d)</b> Boo	k value	Э
<b>1</b> a	Land	· · · ·	,		. ,						
	Buildings										
	Leasehold improvements										
	Equipment			10	9,003.		87,3	37.	2	1,6	66.
	Other						-				
-	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	'0c.)				2	1,6	66.

Schedule D (Form 990) 2021

132052 10-28-21

		HTS LAW CENT	ER, INC	02-0588944 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	an Fairm 000 Dart IV line		
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of Valuatio	on: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX		on Form 000 Dort IV line	11d Cos Form 000 Dort V	(line 15
	Complete if the organization answered "Yes"	Description	e 110. See Form 990, Part A	(b) Book value
(4)	(a)	Description		
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	15)		<b></b>
Part X	Other Liabilities.	- 15.)		······
ιαιτ	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990	Part X line 25
	(a) Description of liability	0111 0111 330, 1 art 10, inte		(b) Book value
<u>1.</u> (1) <b>Fee</b>				
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		- 05 )		
	imn (b) must equal Form 990, Part X, col. (B) line			
-	r for uncertain tax positions. In Part XIII, provide		-	· · · · · · · · · · · · · · · · · · ·
organiz	ation's liability for uncertain tax positions under	FASB ASC /40. Check I	iere if the text of the footho	te has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 VICTIMS RIGHTS LAW CENTER,	INC		02-	0588944	Page <b>4</b>
-	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With				
	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	3,960,	058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b			511,677.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e	511,	
3	Subtract line 2e from line 1			3	3,448,	381.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,448,	<u>381.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Rotu	irn	
				notu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Aponece poi			
1					3,360,	135.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1		135.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1		135.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1		135.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b		1		135.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	3,360,	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	511,677.	1	3,360,5	677.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	511,677.	1	3,360,	677.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	511,677.	1 2e	3,360,5	677.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	511,677.	1 2e	3,360,5	677.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	511,677.	1 2e	3,360,5	677.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	511,677.	1 2e	3,360, 511, 2,848,	677. 458. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	2a 2b 2c 2d 4a 4b	511,677.	1 2e 3	3,360,5	677. 458. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	511,677.	1 2e 3 4c	3,360, 511, 2,848,	677. 458. 0.

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G		ntal Information Regarding						DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19	, or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990				ion		Open to Public Inspection
Name of the organizatio		<sub>o to</sub> www.irs.gov/Form990 for instr	uction	s and	the latest mormat	ion.	Employer ide	entification number
Dout L Euroducia		RIGHTS LAW CENTER			E 000 D 1 N/		02-0588	
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations blicitations on have a written c ted in Form 990, P D highest paid indiv	s <b>f</b> Solicita <b>g</b> Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021

02-0588944 Page 2

Part II
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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c)
Ine			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	524,642.			524,642.
	2	Less: Contributions	467,892.			467,892.
	3	Gross income (line 1 minus line 2)	56,750.			56,750.
	4	Cash prizes				
se	5	Noncash prizes				
xbense	6	Rent/facility costs	4,000.			4,000.
Direct Expenses	7	Food and beverages	13,510.			13,510.
_	8	Entertainment				
	9	Other direct expenses	17,780.			17,780.
	10	Direct expense summary. Add lines 4 through			▶	35,290.
	11	Net income summary. Subtract line 10 from I				21,460.
Par	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
eve						
ř	1	Gross revenue				
	·					
Ses	2	Cash prizes				
Uirect Expenses	3	Noncash prizes				
Jirect	4					
- 1	•	Rent/facility costs				
		Rent/facility costs     Other direct expenses	Yes %	Yes %	Yes %	
				└── Yes% └── No	└── Yes% └── No	
	5 6	Other direct expenses	└── Yes% └── No		□ No	
	5 6 7	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes%No	□ No	□ No ►	
	5 6	Other direct expenses	Yes%No	□ No	□ No ►	
	5 6 7 8	Other direct expenses	Yes%     No	□ No	□ No ►	
9	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No 5 in column (d) from line 1, column (d) ucts gaming activities:	□ No	No ►	
9 a	5 6 7 8 Ent	Other direct expenses	Yes % No No for S in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No ►	Yes No
9 a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No No for 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No ►	Yes No
9 a	5 6 7 8 Ent	Other direct expenses	Yes % No No for 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No ►	Yes No
9 a b	5 6 7 8 Ent Is t If "I We	Other direct expenses	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these		No	
9 a b	5 6 7 8 Ent Is t If "I We	Other direct expenses	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these		No	
9 a b	5 6 7 8 Ent Is t If "I We	Other direct expenses	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these		No	
9 a b 0a b	5 6 7 8 Is t Is t If "I We If "`	Other direct expenses	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these		No ►	

Schedule G (F	orm 990) 2021	VICTIMS	RIGHTS LAW	CENTER,	INC	02-0	<u>588</u> 94	4 Page 3
	organization conduct g	aming activities w	vith nonmembers?				Yes	No
	anization a grantor, ber							
	ster charitable gaming?						Yes	└── No
	he percentage of gamir							
	nization's facility							%
	e facility						13b	%
14 Enter the	name and address of t	ne person wno pr	epares the organizati	on's gaming/spe	cial events dooks and I	ecoras:		
Name 🕨								
Address	▶							
15a Does the	organization have a co	ntract with a third	party from whom the	organization rec	eives gaming revenue?	?	Yes	🗌 No
<b>b</b> If "Yes." e	enter the amount of gar	nina revenue rece	ived by the organizat	ion 🕨 \$	and the	amount		
	revenue retained by th				0.110 1.110			
	enter name and address							
Name 🕨								
Address	►							
<b>16</b> Gaming n	nanager information:							
Name 🕨								
Name F								
Gaming n	nanager compensation	▶ \$						
g .		· ·						
Descriptio	on of services provided							
L Dii	rector/officer	Employee		ependent contrac	ctor			
	y distributions:	or atota law ta mal	ka abaritabla diatribut	iono from the go	mina procodo to			
	anization required under state gaming license?						Yes	
	amount of distributions				mpt organizations or si		100	
	ion's own exempt activ	-			inprorganizations of s			
	upplemental Info			quired by Part I,	line 2b, columns (iii) an	d (v); and Pa	rt III, lines	9, 9b, 10b,
	5b, 15c, 16, and 17b, a							
132083 10-21-21						Schedu	ule G (Forr	n 990) 2021
				32			•	-
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2021.06010 VICTIMS RIGHTS LAW CENTER, VIC89441

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Part IV Supplemental Information		01 0000011 Page4
	(continued)	
		Schedule G (Form 990
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0807 807818 VIC8944	2021.06010 VICTIMS RIGH	HTS LAW CENTER, VIC89441

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

VICTIMS RIGHTS LAW CENTER, INC

02-0588944

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REBUILD THEIR LIVES; AND TO PROMOTE A NATIONAL MOVEMENT COMMITTED TO

SEEKING JUSTICE FOR EVERY RAPE AND SEXUAL ASSAULT VICTIM.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 WAS PREPARED BY OUR AUDITORS USING VRLC'S AUDITED

FINANCIAL STATEMENTS. A DRAFT OF THE 990 WAS PROVIDED TO MANAGEMENT BEFORE

IT WAS FILED. MANAGEMENT FORWARDED THE DRAFT COPY OF THE 990 TO THE BOARD

OF DIRECTORS FOR APPROVAL. ONCE THE BOARD OF DIRECTORS APPROVED THE 990,

THE 990 WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY THAT DISCLOSES ANY AND ALL FINANCIAL INTERESTS THAT MAY PRESENT A CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED THROUGH A THIRD-PARTY EXECUTIVE SEARCH PROFESSIONAL WHO PREPARES A THOROUGH REVIEW AND COMPARATIVE ANALYSIS WHICH IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. KEY EMPLOYEE SALARIES ARE DETERMINED BASED ON REVIEW OF AN INTERNAL ANALYSIS INCLUDING SALARY STRUCTURES AT COMPARABLE ORGANIZATIONS

AND SALARY SURVEYS WITHIN THE NONPROFIT SECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

VRLC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

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Name of the organization VICTIMS RIGHTS LAW	CENTER, INC		Employer identification num 02-0588944
AVAILABLE UPON REQUEST. FINANCIAL		AVATLABL	E TO THE PUBLIC
THROUGH THE MASSACHUSETTS DIVISIC	N OF PUBLIC CHA	KITIES WE	BSITE AND UPON
REQUEST.			
32212 11-11-21	35		Schedule O (Form 990)