EXTENDED TO AUGUST 15, 2022

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	רטו נוונ	e 2020 calendar year, or tax year beginning OCI I, 2020 and	ending 5	EP 30, 2021					
В	Check if applicabl	C Name of organization		D Employer identific	cation number				
Σ	Addre								
L	Name chang			02-05889	44				
	Initial return Final return		Room/suite	E Telephone number 617-399-					
	termir			G Gross receipts \$	3,371,273.				
	ated Ameni return	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02196		H(a) Is this a group re					
	Application	F Name and address of principal officer: STACY MALONE		for subordinates					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
$\overline{}$	Toy ov	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527	1	list. See instructions				
		te: NWW.VICTIMRIGHTS.ORG	JI JZ1	H(c) Group exemption					
		organization: X Corporation	I Voor		State of legal domicile: MA				
	art I	Summary	L TEAT	or formation. 2000 N	1 State of legal dominione, 1121				
•		Briefly describe the organization's mission or most significant activities: THE	VRT.C'S	MTCCTON TC	TO DROVIDE				
Activities & Governance	1	LEGAL REPRESENTATION TO VICTIMS OF RAPE A	AND SE	XUAL ASSAUL	T TO HELP				
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.				
Ş.		•		3	12				
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			11				
ა ა		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			51				
ij	1				73				
Ě		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.				
	·	Net unrelated business taxable income norm of one 990-1, Part I, line 11		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII. line 1h)		3,635,270.	3,307,492.				
	1	Contributions and grants (Part VIII, line 1h)		11,668.	54,735.				
Ver	1	Program service revenue (Part VIII, line 2g)		45.	40.				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,770.	9,006.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,672,753.	3,371,273.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		2,537,152.	2,378,502.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,000.	0.				
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	20,000.	0.				
Ä	_ D			936,210.	943,008.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,499,362.	3,321,510.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		173,391.	49,763.				
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		-					
Net Assets or Fund Balances		Total accepts (Doct V. Bara 40)	Ве	ginning of Current Year 837,956.	End of Year 857,708.				
SSE	20	Total assets (Part X, line 16)		476,183.	446,172.				
let /	21	Total liabilities (Part X, line 26)		361,773.	411,536.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		301,773.	411,330.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatom	ante and to the heet of my	v knowledge and helief it is				
		it, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowicuye allu bellel, il 15				
uue	, correc		iicii preparei	I I I I I I I I I I I I I I I I I I I					
0:		Signature of officer		I Date					
Sig		STACY MALONE, EXECUTIVE DIRECTOR		2410					
He	re	Type or print name and title							
_			11	Date Check	PTIN				
Pai	ч	Print/Type preparer's name SANDRA M. BROWN, CPA SANDRA M. BROWN		OHOOK					
			, CFAU		43-1985162				
	parer			Firm's EIN ▶	-3-T303T07				
USE	Only	Firm's address NOAD - SUITE #200 WESTBOROUGH, MA 01581		Dhan / E	08) 871-7178				
_				[Phone no. (3					
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2 , 114 , 244 . including grants of \$0 .) (Revenue \$)
	CLIENT SERVICES-VRLC ATTORNEYS PROVIDE FREE CIVIL LEGAL SERVICES TO
	OVER 900 RAPE AND SEXUAL ASSAULT SURVIVORS A YEAR THROUGHOUT
	MASSACHUSETTS AND IN MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES,
	OREGON. VRLC ATTORNEYS REPRESENT INDIVIDUAL SURVIVORS TO HELP STABILIZE
	AND REBUILD THEIR LIVES IN THE AREAS OF EDUCATION, EMPLOYMENT, HOUSING,
	IMMIGRATION, PRIVACY, SAFETY, AND FINANCIAL SECURITY.
4b	(Code:) (Expenses \$601,868 •including grants of \$0 •) (Revenue \$\$ 54,735 •)
	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 ADVANCE
	ACCESS TO JUSTICE FOR RAPE AND SEXUAL ASSAULT SURVIVORS THROUGHOUT THE
	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 \$
4d	Other program services (Describe on Schedule O.)
+u	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 2,716,112.
c _	Form 990 (2020)
	1 SIM 4 4 (ESES)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		122
O	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	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			,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<u> </u>
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
٠.	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 *
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	C			

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	1990 (2020) VICTIM RIGHTS LAW CENTER, INC. 02-0588	3944	Р	age '
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			l
	Schedule J	23		X
24 a	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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
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?// "Yes," complete	•		
-	Schedule N, Part II	32		Х
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		Х
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
35 a	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L_
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 51						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file.		5b					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		Х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		- 25			
ь	were not tax deductible?	-	6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \textbf{Did a donor advised fund maintained}$	by the						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	11a						
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	i ia						
b	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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 to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CORNELIUS MCGARRY - 617-399-6720			
	P.O. BOX 962158, BOSTON, MA 02196			

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

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

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

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

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

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

(A)	(B)	Ī		((C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an				than	one	Reportable	Reportable	Estimated
	hours per week	offic	officer and a dir		a director/trustee)		n an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	nstitutional trustee		ee Ge	nbens		(W-2/1099-MISC)		organization and related
	below	d ual t	utiona	_	Key employee	st cor	<u></u>			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) STACY MALONE, ESQ	40.00									
EXECUTIVE DIRECTOR/BOARD MEMBER		Х		Х				103,451.	0.	16,763.
(2) JESSICA MINDLIN	40.00									
DIRECTOR OF TRAINING						Х		100,018.	0.	6,322.
(3) REBECCA CHASEN	5.00								_	_
CO-CHAIR		Х		Х				0.	0.	0.
(4) SHANNON MCKENNA	2.00									
FORMER BOARD MEMBER		Х						0.	0.	0.
(5) MAEGAN WILKINSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) BRENDA SHARTON, ESQ	5.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) BIRGITTA DICKERSON, ESQ	2.00	٠,,							0	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(8) ANDREA ROBINSON, ESQ	2.00	Х						0.	0.	0.
BOARD MEMBER (9) KEVIN RODEN	2.00	^						0.	0.	0.
FORMER BOARD MEMBER	2.00	X						0.	0.	0.
(10) KRISTA GREEN PRATT, ESQ	2.00	^						0.	0.	<u> </u>
CO-CHAIR	2.00	Х		х				0.	0.	0.
(11) ADAORA SPECTRA ASALA	2.00							0.	0.	
BOARD MEMBER		x						0.	0.	0.
(12) MARYBETH BURKE	2.00									
BOARD MEMBER		х						0.	0.	0.
(13) DOREEN BINDER	2.00							-	-	
FORMER BOARD MEMBER		х						0.	0.	0.
(14) ELIZABETH HUNPATIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) BRETT MIRLIANI	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(16) SINIKIWE NGOBESE	1.00									
BOARD MEMBER		Х						0.	0.	0.

Fai	Section A. Officers, Directors, Trus	tees, Key Em	pioy	ees.	, and	a HI	gnes	τυ	ompensated Employe	es (continuea)			
	(A)	(B)			(0	-			(D)	(E)		(F)	
	Name and title	Average	(do		Posi heck		than o	ne	Reportable	Reportable		Estima	ited
		hours per	box	, unle	ss pe	rson i	is both or/trust	an	compensation	compensation		amour	
		week (list any	_	CCI all	uau	ii ecto	i i ust	50)	from	from related		othe	
		hours for	lirecto						the organization	organizations (W-2/1099-MIS		compen from	
		related	e or c	stee			satec		(W-2/1099-MISC)	(***-2/1099-14113	,0,	organiz	
		organizations	truste	al trus		yee	mper		(** =/ *********************************			and rel	
		below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	Jer				organiza	ations
		line)	Indi	Insti	Officer	Keye	Highest compensated employee	Former					
	Cubtatal						Щ	_	203,469.		0.	23	085.
	Subtotal Total from continuation sheets to Part VI								0.		0.	25,	0.03.
	Total (add lines 1b and 1c)							•	203,469.		0.	23,	085.
2	Total number of individuals (including but n							o re	· · · · · · · · · · · · · · · · · · ·	,000 of reportable	<u>—</u> е		
	compensation from the organization						•			· •			2
												Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4	For any individual listed on line 1a, is the su	-		-					· · · · · · · · · · · · · · · · · · ·	the organization			\ _V
_	and related organizations greater than \$150											4	<u> </u>
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		elat	ed organization or indivi	dual for services		5	х
Sec	tion B. Independent Contractors	•			·							•	
1	Complete this table for your five highest co	-	-								pens	ation from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or wi	hir		/ear.			
	(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensat	ion
ANI	NETTE FLORCZAK, LLC							\dashv	2000p	-			
	BERYL STREET, ROSLINDA	ALE, MA	0:	213	31			k	CFO SERVICES			126,	141.
	,	· · · · · · · · · · · · · · · · · · ·											
								+					
								\downarrow					
_													
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se lis	ted	d above) who received m	ore than			

07220801 807818 VIC8944

\$100,000 of compensation from the organization

Pa	11.	/ 1111				5			
			Check if Schedule O con	itains a response	or note to any li	ne in this Part VIII	(B)	(C)	
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		175.				
Gra			Membership dues						
ts, An		С	Fundraising events	1c					
Gif		d	Related organizations	1d					
ns,		е	Government grants (contribute	itions) $1e$ 2	949,172.				
er S		f	All other contributions, gifts, gran	nts, and					
ib H			similar amounts not included abo	ove 1f	358,145.				
ont od C		g	Noncash contributions included in lines	s 1a-1f 1g \$					
<u>ठ</u> ह		h	Total. Add lines 1a-1f		<u></u>	3,307,492.			
					Business Code				
ice	2	а	PROGRAM SERVICE	E FEES	900099	54,735.	54,735.		
erv		b							
n S en		С							
Jrar Rev		d							
Program Service Revenue		е							
ъ.			All other program service reve			F 4 72F			
	_		Total. Add lines 2a-2f			54,735.			
	3		Investment income (including	-		40.			40.
			other similar amounts)			40.			40.
	4		Income from investment of ta						
	5		Royalties	(i) Real	(ii) Personal				
		_	Ouese wents	.,	(ii) i ersoriai				
	О		Gross rents 6a						
			Less: rental expenses 6b	+					
			Rental income or (loss) 60						
	7		Net rental income or (loss) . Gross amount from sales of	(i) Securities	(ii) Other				
	′	а	assets other than inventory 7a		(ii) Guilei				
		h	Less: cost or other basis	a					
e		D	and sales expenses 7b						
enr		_	Gain or (loss) 70						
Revenue			Net gain or (loss)						
er	R		Gross income from fundraising e		1				
₽	•	_	including \$	`					
			contributions reported on line						
			Part IV, line 18						
		b	Less: direct expenses						
		С	Net income or (loss) from fund	draising events	>				
	9	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gan	ming activities	<u>,</u>				
	10	а	Gross sales of inventory, less	s returns					
			and allowances		+				
		b	Less: cost of goods sold	10k)				
		С	Net income or (loss) from sale	es of inventory					
sn			DECDA COROTE		Business Code	0.006	0 000		
Miscellaneous Revenue	11		FFCRA CREDIT		900099	9,006.	9,006.		<u> </u>
llar		b							
Sce		C	All alla accusa						
Ξ			All other revenue			9,006.			
	12		Total. Add lines 11a-11d Total revenue . See instructions			3,371,273.	63,741.	0.	40.
	12		i otal lovoliuo. Occ ilioti dellollo			<u>,-,-,-,-,</u>	, ,		

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
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,	100 262	106 456	4 005	11 010
	trustees, and key employees	122,363.	106,456.	4,895.	11,012
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 065 053	1 601 245	120 001	110 505
7	Other salaries and wages	1,865,953.	1,621,345.	132,021.	112,587
8	Pension plan accruals and contributions (include	21 000	27 672	1 -1-	1 005
	section 401(k) and 403(b) employer contributions)	31,082.	27,672.	1,515.	1,895 12,386
9	Other employee benefits	198,043. 161,061.	148,415.	37,242.	12,386
10	Payroll taxes	101,001.	137,411.	14,746.	8,904
11	Fees for services (nonemployees):				
а		12 267		12 267	
b		13,367. 151,730.		13,367.	
С	5 ······	131,730.		151,730.	
d	, o F				
е	ř ,				
f	Investment management fees				
g	` '	226 670	222 511	2 000	1 270
	column (A) amount, list line 11g expenses on Sch O.)	226,670.	222,511.	2,880.	1,279
12	Advertising and promotion	109,604.	78,601.	23,584.	7 /10
13	Office expenses	30,702.	27,018.	1,721.	7,419 1,963
14	Information technology	30,702.	27,010.	1,/41.	1,303
15	Royalties	312,848.	283,726.	13,931.	15,191
16	Occupancy	7,602.	7,208.	394.	15,191
17	Travel	1,002.	7,200.	334.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	17,250.	15,450.	1,705.	95
19	Conferences, conventions, and meetings	11,430.	13,430.	1,/03•	30
20	Interest				
21	Payments to affiliates	51,526.	21,225.	30,301.	
22	Depreciation, depletion, and amortization	21,709.	19,074.	1,434.	1,201
23 24	Insurance Other expenses. Itemize expenses not covered	21,100.	17,014.	1,131.	1,201
2 4	above (List miscellaneous expenses not love 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,321,510.	2,716,112.	431,466.	173,932
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)				

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	281,178.	1	304,238		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			390,963.	4	446,546
	5	Loans and other receivables from any currer	r officer, director,				
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ibed in sed	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
∢	9	Prepaid expenses and deferred charges			90,413.	9	51,546
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	109,003.			
	b	Less: accumulated depreciation		62,499.	44,169.	10c	46,504
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			31,233.	15	8,874
	16	Total assets. Add lines 1 through 15 (must e	837,956.	16	857,708		
	17	Accounts payable and accrued expenses	221,376.	17	183,566		
	18	Grants payable		18	110 000		
	19	Deferred revenue			19	110,850	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or t	ormer offic	cer, director,			
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	450.000
-	23	Secured mortgages and notes payable to un		—		23	150,000
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	054 005		1 856
		of Schedule D			254,807.		1,756
	26	Total liabilities. Add lines 17 through 25			476,183.	26	446,172
ဖွ		Organizations that follow FASB ASC 958,	check her	e ▶ 🔼			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			270 405		222 405
ala	27	Net assets without donor restrictions	279,485. 82,288.	27	333,485		
9 0	28	Net assets with donor restrictions	02,200.	28	78,051		
두		Organizations that do not follow FASB AS					
<u> </u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fur				29	
SS(30	Paid-in or capital surplus, or land, building, o				30	
et A	31	Retained earnings, endowment, accumulated			261 772	31	//11 E26
ž	32	Total net assets or fund balances			361,773. 837,956.	32	411,536
	33	Total liabilities and net assets/fund balances			031,330.	33	857,708

9	4	4	Page	1	2

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 3	3,37	1,2	<u>73.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2 3	3,32		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	1,7	73.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	41	1,5	36.
Pa	rt XII Financial Statements and Reporting				
	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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization VICTIM RIGHTS LAW CENTER, INC. **Employer identification number** 02 - 0588944

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (C	section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	-					public described in				
		section 170(b)(1)(A)(vi). (C	•		· ·		· ·	•				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in coniu	unction with a land-grant	college				
		or university or a non-land-g				-	-	-				
		university:	, 3	,		, ,	,,	•				
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd aross receipts from				
		activities related to its exen										
		income and unrelated busin	•	•				-				
		See section 509(a)(2). (Cor		(,,				, ··				
11		An organization organized a	. ,	ively to test for public sa	afetv. See	section 50	09(a)(4).					
12		An organization organized a	•	•	-			e purposes of one or				
		more publicly supported or	•	•	•		· · · · · · · · · · · · · · · · · · ·					
		lines 12a through 12d that										
а		Type I. A supporting orga				•		/ aivina				
		the supported organization	•	•	•							
		organization. You must o			, ,			11 3				
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	aving				
		control or management o	•					-				
		organization(s). You mus					5 1					
С		Type III functionally inte			in connec	tion with,	and functionally integrat	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	ization(s)				
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.						
f	f Enter the number of supported organizations											
g	g Provide the following information about the supported organization(s).											
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
	_											

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1986208.	2595034.	3050665.	3648825.	3307492.	14588224.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1006000	0505004	2050665	2640005	2225422	1.4500004	
4	Total. Add lines 1 through 3	1986208.	2595034.	3050665.	3648825.	3307492.	14588224.	
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)						14588224.	
6	Public support. Subtract line 5 from line 4.						14300224.	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total	
	Amounts from line 4	(a) 2016 1986208.	(b) 2017 2595034.	(c) 2018 3050665.	(d) 2019 3648825.	(e) 2020 3307492.	(f) Total 14588224.	
	Gross income from interest,	1300200.	2333034.	3030003.	3040023.	33074324	14300224.	
8	•							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources	50.	44.	31.	45.	40.	210.	
9	Net income from unrelated business							
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,445.	11,746.	6,476.	32,657.	9,006.	61,330.	
11	Total support. Add lines 7 through 10						14649764.	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	202,871.	
13	First 5 years. If the Form 990 is for the					501(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2020 (line 6, column (f), c	livided by line 11,	column (f))		14	99.58 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	99.57 %	
16a	33 1/3% support test - 2020. If the o	•		•		•		
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the fact			=	•	VI how the organiz	ration	
	meets the facts-and-circumstances to	-			-			
b	10% -facts-and-circumstances tes	_					10% or	
	more, and if the organization meets the		•					
	organization meets the facts-and-circ						>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	, , ,	,				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
ocquired ofter June 20, 1075						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b						
activities not included in line 10b,						
whether or not the business is						
regularly carried on				1	-	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
						<u></u> ▶∟
Section C. Computation of Public						
15 Public support percentage for 2020 (lir					15	9/
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
ŀ			
ļ	2		
	3a		
ı	Ja		
-	3b		
	3с		
ı			
	4a		
	4b		
	4c		
	5a		
-	5b 5c		
	6		
	7		
	8		
	0-		
-	9a		
	9b		
-	9с		
	10a		
	10b		

Par	rt IV Supporting Organizations (continued)			
	, (common,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 on	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ortod		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а				
b			,	
C		/ (see instructio		L
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	20		
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Gu		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ited Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 VICTIM RIGHTS		NC.	U.	2-0588944 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 to	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990 or 990-EZ) 2020

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VICTIM RIGHTS LAW CENTER, INC.

Employer identification number 02-0588944

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , , , , ,	
Da	impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
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	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	va antinfi the maniference of anotice 170	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8		•	
0	and section 170(h)(4)(B)(ii)?		
9		•	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	lote to the organization's illiancial statem	ients that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets
. u.	Complete if the organization answered "Yes" on Form	-	American American
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its final		•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furt	rierance or public service,
			▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asuras or other similar assets for financia	
2			ai gairi, provid e
_	the following amounts required to be reported under FASB A	_	• •
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
IJ	Modera included in Form 330, Part A		🖊 🏺

032051 12-01-20

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

	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, d	or Othe	r Simila	ır Asse	ts (continu	red)
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following tha	at make s	ignificant i	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	ion's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia								٦	
	on Form 990, Part X?							└─	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on Fo						•	└─	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									
	<u> </u>	(a) Current year	(b) F	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >9	6								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	ered for th	ne organiz	ation	_	
	by:								\	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment			10	9,003.		62,49	99.	46	,504.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)				46	,504.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	TS LAW CENTER	, INC.	02-0588944 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line	12.
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	э 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 556
(2) CONDITIONAL GRANT ADVANCE			1,756
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line	e 25)		▶ 1.756.

Schedule D (Form 990) 2020

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa	art XI Reconciliation of Revenue per Audited Financial S	tatements With	Revenue per Re	eturn	l .
	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	4,172,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	800,822.		
С	Recoveries of prior year grants	2c			
d	d Other (Describe in Part XIII.)	2d			
е	• • • • • • • • • • • • • • • • • • • •			2e	800,822
3	Subtract line 2e from line 1			3	3,371,273.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	3,371,273.
Ра	art XII Reconciliation of Expenses per Audited Financial		n Expenses per l	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				4 100 220
1	Total expenses and losses per audited financial statements			1	4,122,332.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	000 000		
а	***************************************		800,822.		
b	, , , , , , , , , , , , , , , , , , , ,				
С	***************************************				
d	,				000 000
е	• • • • • • • • • • • • • • • • • • • •			2e	800,822
3	Subtract line 2e from line 1			3	3,321,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,				
b	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			0.
c				4c	3,321,510
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	9 18.)		5	3,321,310
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inforr	nation.		

Schedule D (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

VICTIM RIGHTS LAW CENTER, INC. **Employer identification number** 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 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 or 990-EZ) 2020

032211 11-20-20

Name of the organization VICTIM RIGHTS LAW CENTER, INC.	Employer identification number 02-0588944
AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE	E TO THE PUBLIC
THROUGH THE MASSACHUSETTS DIVISION OF PUBLIC CHARITIES WE	BSITE AND UPON
REQUEST.	