orm <b>990</b>	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it	le (except private fo	undations)	ОМВ №. 1545-0047 2014 Ореп to Public
Department of the Treas Internal Revenue Servic		/ww.irs.gov/form99/	0	Inspection
• For the 2014	calendar year, or tax year beginning , and ending			
3 Check if applicable:	C Name of organization NATIONAL LAW CENTER ON HOMELESS	NESS	D Employer i	dentification number
Address change	AND POVERTY			22002
Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	33883
Initial return	2000 M ST NW	210		38-2535
Final return/	City or town, state or province, country, and ZIP or foreign postal code			
terminated	WASHINGTON DC 20036		G Gross recei	pts\$ 1,096,870
Amended return	F Name and address of principal officer:	H(a) is this :	a group return for su	bordinates Yes X No
Application pending	MARIA FOSCARINIS			
	2000 M STREET, NW		subordinates inclu 'No," attach a list. (	
	WASHINGTON DC 20036		NU, autoria int.	see instructions)
I Tax-exempt statu				
	WWW.NLCHP.ORG	L Year of formation:	exemption numbe	M State of legal domicile: DC
K Form of organization			1,100	m alac of logar controlic. 20
	ummary describe the organization's mission or most significant activities:			······
	lescribe the organization's mission or most significant activities: <b>PREVENT AND END HOMELESSNESS BY SERVING AS THE</b> <b>IONWIDE MOVEMENT TO END HOMELESSNESS</b>			
8 2 Check	his box F if the organization discontinued its operations or disposed of more			19
3 Numbe	r of voting members of the governing body (Part VI, line 1a)			19
4 Numbe	r of independent voting members of the governing body (Part VI, line 1b) umber of individuals employed in calendar year 2014 (Part V, line 2a)		·····	11
	umber of volunteers (estimate if necessary)			25
	nrelated business revenue from Part VIII, column (C), line 12			0
	elated business taxable income from Form 990-T, line 34			0
Ditterun		Prio	r Year	Current Year
a 8 Contrib	utions and grants (Part VIII, line 1h)		537,471	633,714
9 Progra	m service revenue (Part VIII, line 2g)		8,009	139,683
	nent income (Part VIII, column (A), lines 3, 4, and 7d)		<u>199</u> 244,425	<u>3,698</u> 289,379
<b>11</b> Other 1	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		390,104	1,066,474
	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,250	<u> </u>
	and similar amounts paid (Part IX, column (A), lines 1–3)		0,230	0
1	s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		595,155	612,446
	sional fundraising fees (Part IX, column (A), line 11e)		79,150	C
	undraising expenses (Part IX, column (D), line 25) ▶ 119, 886			
а In Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,188	423,755
18 Total e	expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		954,743	1,036,201
19 Rever	ue less expenses. Subtract line 18 from line 12	<u> </u>	-64,639	30,273
Ces Ces		Beginning	of Current Year	End of Year
성종립 20 Total a	assets (Part X, line 16)		<u>217,807</u> 57,580	242,964
	iabilities (Part X, line 26)		<u> </u>	190,500
A CONTRACTOR OF A CONTRACTOR O	sets or fund balances. Subtract line 21 from line 20	<u></u>	100,221	1 10,00
Linder popalities	Signature Block of perjury, I declare that I have examined this return, including accompanying schedules	and statements, and	to the best of n	ny knowledge and belief, it is
true, correct, ar	d complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has any	knowledge.	Intre
	Signature of officer		Date	( <i>''/'-</i>
Sign 🕨		XECUTIVE	DTRECTO	R
Here	MARIA FOSCARINIS E	THE THE		
Drint	Type or print name and the Preparer's signature Preparer's signature	Di	ate Chec	
_ · · ·	FREY FENNER	0	1	mployed P01214443
Bropperor	DROOME HADDICON COMDANY IIC	L	Firm's EIN 🕨	26-2200378
Use Only	2275 RESEARCH BLVD STE 500		Phone no.	301-840-388
Firm	s address KOCKVIIIE, MD 20030-0203	<u></u>	T none no.	X Yes No
Ter Depenyark	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (201

n 990 (2014) NATIO	NAL LAW CEN	TER ON HOMELESSN	ESS52-1633883	Page <b>2</b>
art III Statemer	nt of Program Serv	vice Accomplishments		
Check if S	Schedule O contain	<u>s a response or note to a</u>	ny line in this Part III	X
Briefly describe the or	ganization's mission:			
O PREVENT A	ND END HOMEI		ING AS THE LEGAL ARM	OF THE
ATIONWIDE M	OVEMENT TO I	END HOMELESSNESS		
			·····	
Did the organization u	ndertake any significant	program services during the yea	ar which were not listed on the	
prior Form 990 or 990				Yes 🗶 No
	se new services on Sche			
Did the organization o	ease conducting, or mak	ke significant changes in how it o	conducts, any program	
services?				Yes 🔀 No
	se changes on Schedule			
Describe the organiza	ition's program service a	accomplishments for each of its t	hree largest program services, as measure	d by
			t the amount of grants and allocations to ot	hers,
the total expenses, an	nd revenue, if any, for ea	ach program service reported.		
(Code:) (E	xpenses \$ 24	43,275 including grants of	\$ ) (Revenue S	
			SOURCES FOR HOMELESS	PEOPLE IN BOT
JRBAN AND RU	JRAL COMMUNI	TIES.		
	· · · · · · · · · · · · · · · · · · ·			,,.,,
NATIONAL LE POLICY AND	VELS BY USIN	IG HUMAN RIGHTS	NG RESOURCES AT THE L LAW & STRATEGIES TO C	HANGE DOMESTI
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*				
				,
<b>c</b> (Code: ) (	Expenses \$ 1	.16,337 including grants	of\$) (Revenue	\$
		PROGRAM - EDUCA	TED KEY STAKEHOLDERS	AND THE PUBL
ABOUT THE C	AUSES AND IN	APACT OF HOMELES	SNESS, AND STRATEGIES	TO END AND
PREVENT IT.				
• • • • • • • • • • • • • • • • • • • •				
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•	, . ,			
d Other and the	inna (Docariba in Cata-1			
	rices (Describe in Sched 365,817 ind	cluding grants of \$	) (Revenue \$	)
(Expenses \$ le Total program servi		842,821	γ η ιστοπασ ψ	/
		034,041		

Form 990 (2014	NATIONAL	LAW	CENTER	ON	HOMELESSNESS52-1633883
Part IV	Checklist of Re	eguire	S		

		T	Yes	No
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	x	
	complete Schedule A	2	x	
	s the organization required to complete Schedule 5, schedule of Community (see instructions).	_		
		3		х
	candidates for public office? If "Yes," complete Schedule C, Part I			
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	x	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		х
	Part III	5		<u> </u>
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	6		х
	"Yes," complete Schedule D, Part I			<u></u>
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Λ
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		<u> </u>
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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or 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, Part VI	<u>11a</u>	X	ļ
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	X	<b>_</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1	i	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	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	145	2	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	-	<u>  X</u>
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	<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
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	X	<u> </u>
1 <del>9</del>	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20;	_	X
b		20	b	

## Form 990 (2014) NATIONAL LAW CENTER ON HOMELESSNESS52-1633883 Part IV Checklist of Required Schedules (continued)

Page	4

hir Fi <b>C</b>			14.	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
	employees? If "Yes," complete Schedule J	23		<u>~</u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1140		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245	┣	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.1.5		
	to defease any tax-exempt bonds?	24c	<b> </b>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	ļ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		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	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			i kan
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	a second s			
	Schedule L, Part IV	281	2	X
С	the start of the start the start tructure or know employee (or a family member thereof)			
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	;	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
0,	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
92	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	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, Parts II, III,			
34	or IV, and Part V, line 1	34		X
95				X
35:	the second s			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b	
00			1	1
36		36	5	x
~-	and the second	·····		+
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	• •	3	7	x
	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part V, mes 110 and 19? Note, All Form 990 filers are required to complete Schedule O	3	3 X	s
	THE INOTE: AILED ITTI 990 TIBLS SIE TEUDITEU TO CONTINETE OFFICIULE OFFICIALE OFFICIAL			

Form 990 (2014)

Form	990 (2014) NATIONAL LAW CENTER ON HOMELESSNESS52-1633	<u>883</u>			Pa	age <b>5</b>
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Par	t V	<u></u>	<u></u>	<u></u>	
		I	1.0	References	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and					<b>HHHH</b> B
	reportable gaming (gambling) winnings to prize winners?				adadda	
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	11	<u>hann</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ref	urns?		2b	X	in tril
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	eO		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	er auth	iority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financ	nal			v
	account)?		· · · · · · · · · · · · · · · · · · ·	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Acci	ounts			
	(FBAR).				35-100 A	
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 trans			5b 5c		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	i the		60		x
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u>  ^ </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	Juons	OF	6b	!	
	gifts were not tax deductible?				a di seri	<b>Therefore</b>
7	Organizations that may receive deductible contributions under section 170(c).		de			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f	u you	us	- 7a		X
	and services provided to the payor?			7b	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			70		x
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef			7e	SE ARREALD	X
e	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit or	ntract	?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file	Form	8899 as required?	7g	1	X
g L	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	nizatio	n file a Form 1098-C?	7h		X
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained	l by the			
8	sponsoring organization have excess business holdings at any time during the year?		,	8		
9	Sponsoring organizations maintaining donor advised funds.			5.0		
a				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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10	a			ol ol krad
b	a state of the sta	10	b			
11	Section 501(c)(12) organizations. Enter:				<b>n</b> ia	
a	and the state of the second	11	a			
b	a a di un des la constante este este este este este este este e					
5	against amounts due or received from them.)	11	b			
12a	and the second base of the second s	Form	1041?	12	a	
b	a second se	12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				te inn	hait
a	the stand the second to be seen any life of health plane in more than one state?			. 13	a	
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	where the second s	-	,			
~	the organization is licensed to issue qualified health plans	13	b		enia.	
с	Enter the amount of reserves on hand		le l			
14a	Did the organization receive any payments for indoor tanning services during the tax year?				a	X
t	where he was a manufacture where a subscription in Solar	edule	0	. 14	_	
				F	orm 9	90 (2014)

Form	990 (2014) NATIONAL LAW CENTER ON HOMELESSNESS52-1633883						ge <b>6</b>
	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b bel	ow, and	l for	a "No	5"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in S	chedule	e O. Se	e ins	truct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>	<u></u>		X
Sect	ion A. Governing Body and Management					<u> </u>	
				515		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	19				
	If there are material differences in voting rights among members of the governing body, or		1				
	if the governing body delegated broad authority to an executive committee or similar		ļ				
	committee, explain in Schedule O.	1					
	Enter the number of voting members included in line 1a, above, who are independent	1b	19				
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?			L	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct						
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?		L	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			L	5		X
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				1		
1u	one or more members of the governing body?				7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
5	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year'	by the fo	llowing	Fluit		
a	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?	•••••		Γ	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	• • • • • • •		····· [			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inte	rnal Re	venue	Co	de.)	
000						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,						
U.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		1
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before t	ilina ti	ne form?	2	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			ſ	12a	X	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to conflic	cts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
C					12c	X	1
13	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by					1141	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi	on?					
-	The organization's CEO, Executive Director, or top management official				15a	X	
a b	Other officers or key employees of the organization				15b	X	
Ų	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				Hugi i	7.55	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
104	with a taxable entity during the year?			1	16a	T	X
b	the second se						
u	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			I			
	organization's exempt status with respect to such arrangements?			<u></u>	16b		
Se	ction C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed MD, CA, NY, VA, PA, DC						
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	on 501	(c)(3)s	only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.	-					
	Own website Another's website X Upon request Other (explain in Schedule O)						
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	st policv	, and			
19	financial statements available to the public during the tax year.		, <b>~-</b> )	-			
	financial statements available to the public during the tax year.	recor	de 🍉				

20	State the name	address.	and telephone	number of th	e person who i	possesses the	organization's t	books and records:

	Otato tho han	jo, daaroooj aria	totophiana name e.	 			
TH	E ORGANI	ZATION		2000	М	$\mathbf{ST}$	NW

## WASHINGTON

DC 20036