

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Womens and Children's Advocacy Cent**
Loom International
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2420 NE Sandy Blvd
 City or town, state or province, country, and ZIP or foreign postal code
Portland OR 97232

D Employer identification number
27-2924621

E Telephone number
503-922-2556

G Gross receipts \$ **460,171**

F Name and address of principal officer:
Janna Renee Moats
14504 NE Fremont Ct
Portland OR 97230

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.loominternational.org**

K Form of organization: Corporation Trust Association Other ▶ **Charity**

L Year of formation: **2010** **M** State of legal domicile: **OR**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 38	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	190,350	460,151
9 Program service revenue (Part VIII, line 2g)	777	20
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,135	460,171
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,690	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		76,699
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	183,996	142,620
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	197,686	219,319
19 Revenue less expenses. Subtract line 18 from line 12	-6,551	240,852
20 Total assets (Part X, line 16)	54,456	295,308
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	54,456	295,308

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **Janna Renee Moats**
 Date: **10/25/19**
 Type or print name and title: **Founder/Executive**

Paid Preparer Use Only
 Print/Type preparer's name: **Karen Quick**
 Preparer's signature: **Karen Quick**
 Date: **10/25/19**
 Check if self-employed if PTIN **P00452007**
 Firm's name: **Karen Quick, Inc.**
 Firm's EIN: **42-1610961**
 Firm's address: **1810 SE 113th Ave**
Vancouver, WA 98664-5438
 Phone no.: **360-253-5087**

Part III Statement of Program Service Accomplishments

X

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ including grants of \$) (Revenue \$)

1. In this fiscal year Loom International has invested specifically in the area of Early Childhood Education (ECE). This has been accomplished through hiring our first ECE Service Coordinator in East Africa and hosting over 40 days of training, serving 90 clients and over 5000 children at risk.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe in Schedule O.)
(Expenses \$ **219,319** including grants of \$) (Revenue \$)

4e Total program service expenses **219,319**

