Form 990

(Rev. January 2020)
Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

## **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.

2019 Open to Public Inspection

Form 990 (2019)

OMB No. 1545-0047

For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20D Employer identification number C Name of organization Check if applicable: Womens and Children's Advocacy Cent Address change Loom International 27-2924621 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 503-922-2556 Initial return 2420 NE Sandy Blvd Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Portland OR 97232 192,730 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Colleen Samantha Milstein H(b) Are all subordinates included? If "No," attach a list. (see instructions) **X** 501(c)(3) Tax-exempt status: 501(c) (insert no.) 527 4947(a)(1) or www.loominternational.org Website: H(c) Group exemption number ▶ Association X Other ▶ Charity L Year of formation: 2010 Form of organization: Corporation Trust M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 460,151 8 Contributions and grants (Part VIII, line 1h) 189,037 Revenue 9 Program service revenue (Part VIII, line 2g) 3,693 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 460,171 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .... 192,730 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 76,699 72,344 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 142,620 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 189,301 219,319 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 261,645 19 Revenue less expenses. Subtract line 18 from line 12 240,852 -68,915 o ë End of Year **Beginning of Current Year** 295,308 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 295 ,308 226,393 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. Signature of officer Sign Colleen Samantha Milstein Here **Executive Director** Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Karen Quick Karen Quick 11/10/20 self-employed P00452007 Preparer Karen Quick, Inc. Firm's name Firm's EIN 42-1610961 **Use Only** 1810 SE 113th Ave 98664-5438 Vancouver, WA 360-253-5087 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

	Check it Schedule O contains	s a response or note to any line in this	Part III
	fly describe the organization's mission:	s a responde of meteric any mile in any	
· · · · ·	Schedule O		
Did	the organization undertake any significant	program services during the year which were n	ot listed on the
			Voc X
	Yes," describe these new services on Sche		
		ke significant changes in how it conducts, any p	rogram
	vices?		Yes X
	Yes," describe these changes on Schedule		
		ccomplishments for each of its three largest pro	ogram services, as measured by
Des	scribe the organization's program service a	expired to report the amount of	grants and allocations to others
		anizations are required to report the amount of	grants and anocations to others,
tne	total expenses, and revenue, if any, for ea	ch program service reported.	
nos at	ting over 40 days of risk.		ients and over 5000 childr
			\ (Parameter f)
17.75		including grants of E	) (Revenue %
	ode: ) (Expenses \$		) (Nevende 4
			) (Novelide ©
N/A			
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Pa	art IV Checklist of Required Schedules		Yes	No
	In the approximation described in continue 504(5)(2) on 4047(5)(4) (athor) there is private foundation)? If "Ves."		1.5-	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
•	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	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 during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			-
	"Yes," complete Schedule D, Part I	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	5.21	F 1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
	complete Schedule D, Part VI	11a		
b		446		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a		x
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 000 (2010)	Womens	and	Children's	Advocacy	Cent	27-2924621

Pa	irt 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			v
	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	04-		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?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		x
••	If "Yes," complete Schedule L, Part I	250		
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%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
P	art 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		· · · · · ·	
	F		Yes	No
1a				
b				
С			4	12
-	reportable gaming (gambling) winnings to prize winners?	. 1c	4	1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			
				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 0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1	
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 on Schedule Company of the second	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		<u> </u>
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 Ad	counts (FBAR).	_		77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	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				v
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	is or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods	_		
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	required to file Form 8282?	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are already and a contribution of cars, boats, airplanes, or other vehicles, did the organizations are already and a contribution of cars, boats, airplanes, or other vehicles, did the organizations are already and a contribution of cars, boats, airplanes, or other vehicles, did the organizations are already and a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes,		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by the	8		
٥	sponsoring organization have excess business holdings at any time during the year?		0		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a	102 II	ľ
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
ь 10	Section 501(c)(7) organizations. Enter:		30	-	
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	1		
11	Section 501(c)(12) organizations. Enter:	100	1		1
''а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	114	-	1	
-	against 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	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	11000		1
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.	••••••••••••••	100		-
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			1
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		148		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	141	_	+ <u>~</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		141	+	+
	excess parachute payment(s) during the year?				X
	If "Yes," see instructions and file Form 4720, Schedule N.		15		1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		-	v
. •	If "Yes," complete Form 4720, Schedule O.	. moonie!	16		X
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	O Mai	sament and Dia	ALACUPA For AS	ch "Vas"	resnanse to lines 2 ulilouyii	7b below, and for a "No" Schedule O. See instructions.
	response to line 8a,	8b, or 10b below, de-	scribe the circum	stances,	processes, or changes on s	Schedule O. See instructions
	Check if Schedule (	contains a response	or note to any li	ne in this	Part VI	

500	tion A. Governing Body and Management			Τ
Sec			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	-		
1a	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 evaluin on Schedule O			
h	Enter the number of voting members included on line 1a, above, who are independent	4		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	١.		•
2	any other officer, director, trustee, or key employee?	2	_	X
2	Did the organization delegate control over management duties customarily performed by or under the direct	١.		₹.
3	supposition of officers, directors, trustees, or key employees to a management company or other persons	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l_		x
1 a	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		x
ь	the state of the second pody?	7b		
8	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
а	The governing body?	8a	X	
b	First assembles with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
-		9		
Sec	the organization's mailing address? If "Yes," provide the names and addresses on schedule of the Internal Revenue Continued in the Internal Re	ue.)	Yes	No
		10a	103	X
10a	Did the organization have local chapters, branches, or affiliates?	100		
b	t "Voc." did the organization have written policies and procedures governing the activities of such chapters,	10b		
	the second the endure their operations are consistent with the organization's exempt purposes:	11a		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before mining the form	1.14	- 1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	100	X
12a		12b		
b	Mars officers directors or trustees and key employees required to disclose annually interests that could give his to common.			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy: in res,	12c		
	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?			
15	Did the organization have a written desarration of the following persons include a review and approval by  Did the process for determining compensation of the following persons include a review and approval by			
	Did the process for determining compensation of the telephane persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The apprinciple CEO Executive Director, or top management official	15a		X
а	The organization's CLO, Excount Director, 1	15b		X
b	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	Did the organization invest in, contribute assets to, or participate in a joint of the contribute assets to, or participate in a joint of the contribute assets to a participate in a joint of the contribute assets to a participate in a joint of the contribute assets to a participate in a joint of the contribute assets to a participate in a joint of the contribute assets to a participate in a joint of the contribute assets to a participate in a joint of the contribute assets to a joint of the co	16a		X
	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1		
b	If "Yes," did the organization follow a written policy of protection and the participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	participation in joint venture arrangements and a special participation in joint venture arrangements arrangements?	16b		
	organization's exempt status with respect to cash and g			
<u>Sec</u>	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None  None  1000 (1004 or 1004 A. if applicable), 990, and 990-T (Section 501(c))			
17	List the states with which a copy of this Form 990 is required to 90 mee P  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
18	Section 6104 requires an organization to make its forms roze (1024 or state).  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	The standard of the standard o			
	Own website Another's website Open request Own request			
19	is the text and public during the tay year.			
	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Z4ZU NE Sandy DIVG			
	onna R Moats OR 97232 503	3-92	2-2	556

UIIII 330 (Z	(i) Welletin and Children				5
Part VII	Compensation of Officers, Directors	, Trustees, Key I	Employees,	Highest Compensated Employees, an	10
	Independent Contractors				

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

Section A.	Officers.	Directors.	Trustees, I	Key Employees	, and Highest	Compensated	<b>Employee</b>

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

Check this box if neither the org	anization nor an	y rela	ated	orga	niza	tion co	omp	ensated any current office	er, director, or trustee.	-
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(de bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (In Individual Trustee)  (Individual trustee)				e in e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Gallery Compathy	dotted line)  a Milste		trustee		8	pensated				
(1) Colleen Samanth	40.00	+**								
Executive Director	0.00	x						24,000	0	0
(2) David Boyd	1							•		
(2)20120 2012	5.00									_
Board Chairman	0.00	X						0	0	0
(3) Stephen L Kilpa	trick									
	40.00									
Board Member	0.00	X						0	0	0
(4) Janna Renee Moat	ts									
	40.00							1	o	o
Founder/Board Member	0.00	X	_		-	-	-	0	U	<u> </u>
(5) Jill Shaddy										
	5.00							0	0	0
Board Member	0.00	X		_	-		$\dashv$			
(6) Jill Visscher	5.00									
	0.00	x						0	0	0
Board Member (7) Dahne Watson	0.00	-				+				
(/)Danne watson	5.00									
Board Member	0.00	X						0	0	0
(8)										
(9)						$\Box$				
					T.					
(10)										
(11)										

Part VII	Section A Offi	care Di	roctore Tructore	V			
orm 990 (2019	) Womens	and	Children	's	Advocacy	Cent	27-2924621

	(A) Name and title	(B) Average hours per week (list any	(de	o not o	Pos check ess pe	c) ition more rson i	than o	one an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	com	(F) ated ar of other opensa rom the	r tion				
-		(list any hours for related organizations below dotted line)  (Individual function and a director/trustee)  officer and a director/trustee)  organization (W-2/1099-MISC)  organization (W-2/1099-MISC)										organization and related organizations					
							ž.		04.000								
1b c	Subtotal Total from continuation she	ets to Part VII,	Sect	ion	A			<b>&gt;</b>	24,000								
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (ir	ncluding but not	imite	ed to	thos	se lis	ted a	abov	24,000 ye) who received more than								
_	reportable compensation from	the organization	1 🕨	0									Yes	No			
3	Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dulla	.I to	r suc	n ini	aivia	uai		and the second of the second o		3	Section 1	X			
4	For any individual listed on lin organization and related organization	a 1a is the sum	of re	enor	able	con	npen	satio	on and other compensation	from the		4		x			
5	individual Did any person listed on line for services rendered to the o	la receive or acc	rue	com	pens	atio	n fro	m aı	ny unrelated organization o			5		X			
Secti	m Ladamandant Contracto	are.								LA PROJECTION							
1	Complete this table for your fi compensation from the organ		ensa omp	ated ensa	inde ation	pend for t	lent he c	cont alen	dai your onding with or the	THE STATE OF THE S	ear.		(C)				
	Name and	(A) I business address						-	Descri	(B) ption of services		Coi	(C) mpensat	tion			
									,								
								-									
-								-									
	Total number of independent	contractors (incl	udin	g bu	t not	limit	ed to	o the	ose listed above) who	0	and the same of the same of		990				

						esponse or note	(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512-514
and Other Similar Amounts		Federated campa			1a					
200		b Membership dues 11 c Fundraising events 16								
Ž	C					50,186				
ila		d Related organizations								
Sign		Government grants (contributions)  All other contributions, gifts, grants,			1e					
Je.	•	and similar amounts no			1f	138,851				
ŏ	g	Noncash contributions i	ncluded	in lines 12-1f	1g \$	130,031				
and	_	Total. Add lines				<b>&gt;</b>	189,037			
$\neg$		Business Co.								
y	2a	Admin Fees					2,193	2,193		
Program service Revenue	b	The same of the sa					1,500	1,500		
i de	C									
Se a	d						1			
2	е		٠.٠٠,٠.							
- 1		All other program				1 700 700 1 700 100	3 603	·		R. C.
$\dashv$	<u>g</u> 3	Total. Add lines Investment inco					3,693			T .
	3	other similar am				L				
- 1	4	Income from inv								
- 1	5	Royalties			•					
	•	rioyanioo		(i) Real		(ii) Personal			And the second	Por Port
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental inc. or (loss)	6c							
	d	Net rental incom	ne or (	oss)						
	7a	Gross amount from sales of assets		(i) Securities	s	(ii) Other				
		other than inventory	7a							
9	b	Less: cost or other								
ther Revenue		basis and sales exps.	7b							
8	C	Gain or (loss)	7c				Ki z-	- Chan		
je l		Net gain or (loss								
₫	8a	Gross income from								
		(not including \$		50,186	1 1					
		of contributions rep		on line 1c).				1		
		See Part IV, line 18			8a 8b					
		Less: direct exp Net income or (I								
		Gross income from			Events					
	9a	See Part IV, line 19		ig activities.	9a					
	h	Less: direct exp			9b		And the state of t			
		c Net income or (loss) from gaming activities								
		returns and allow			10a			A		
	ь	Less: cost of go			10b		Water Committee Committee			
		Net income or (I			entory	<b>&gt;</b>				
s						Business Code				1 100
scellaneous Revenue	11a			35 NO. 10						
an	b									
eve	c						9			
Mis	d	All other revenu	е							
	е	Total. Add lines	11a-	11d		<b>)</b>				
	12	Total revenue.	See in	structions			192,730	3,69	3	0

## 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service Do not include amounts reported on lines 6b, Management and expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 24,000 24,000 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 48,344 48,344 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 123,823 123,823 (A) amount, list line 11g expenses on Schedule O.) 708 708 Advertising and promotion 12 2,526 2,526 13 Office expenses 6,218 6,218 Information technology 14 15 Royalties 19,590 19,590 Occupancy 16 20,909 20,909 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 10,748 10,748 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 605 605 Depreciation, depletion, and amortization 22 1,748 1,748 Insurance 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,915 1,915 Hospitality 480 480 Bank Charges 31 31 Other cost All other expenses 261,645 0 0 261,645 Total functional expenses. Add lines 1 through 24e 25 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)

## Womens and Children's Advocacy Cent 27-2924621 Form 990 (2019)

22 Loans and other payables to any current or former officer, director,

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here ▶ |X|

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

Total net assets or fund balances

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 117,717 291,167 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 103,000 4 Accounts receivable, net Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 1,790 Notes and loans receivable, net 7 8 Inventories for sale or use 2,373 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 6,720 basis. Complete Part VI of Schedule D 10a 2,118 1,513 b Less: accumulated depreciation 5,207 10c 10b 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 2,023 15 Other assets. See Part IV, line 11 15 295,308 226,393 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21

> 226,393 226,393

> > Form 990 (2019)

226,393

0

22

23

24

25

27

28

29

30

31

0 26

295,308

295,308 32

295,308 33

Liabilities

Balances

Net Assets or Fund

27

30

31

32

of Schedule D

m	990 (2019) Womens and Children's Advocacy Cent 27-2924621				Pa	ge <b>12</b>		
	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19	92,	730		
2	Total expenses (must equal Part IX, column (A), line 25)	2		26	51,	645		
3	Revenue less expenses. Subtract line 2 from line 1		-6	58,	915			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		29	95,	308			
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  5							
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9						
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		9					
	32, column (B))	10		22	26,	<u> 393</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		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.			. 4				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			100.77				
	reviewed on a separate basis, consolidated basis, or both:			1				
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on			100				
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Single Audit Act and OMB Circular A-133?		L	3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							

Form **990** (2019)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits