EXTENDED TO AUGUST 15, 2022

Department of the Treasury Internal Revenue Service

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

▶ 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. ax year beginning OCT 1 . 2020 and ending SEP 30.

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning OCT 1, 2020 and ending	SEP 30, 2021	
	heck if	C Name of organization	D Employer identifi	
a	pplicable	: C riams of a gammanon		
	Addres	PROGRAM FOR TORTURE VICTIMS		
H	Name		95-44924	77
H	_]change ∏Ini̞tial	9		
H	_ return □Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	return/ termin-	3550 WILSHIRE BLVD 1906		
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,885,605.
Ļ	_lreturn	LOS ANGELES, CA 90010	H(a) Is this a group r	
	Applica tion pending	Finame and address of principal officer: OANET SCHOLLIAN	for subordinates	? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No
		·······	527 If "No," attach a	list. See instructions
		e: ▶ PTVLA.ORG	H(c) Group exemption	n number 🕨
KF	orm of	organization: X Corporation Trust Association Other ► L \	/ear of formation: 1980 $_{ m I}$	State of legal domicile: CA
Pa	rt I	Summary		
_	1 [Briefly describe the organization's mission or most significant activities: ${ t SEE \ \ SCHE}$	DULE O	
ğ				
'n	2 (Check this box if the organization discontinued its operations or disposed of r	more than 25% of its net a	ssets
ĕ			3	9
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		9
ళ		Fotal number of individuals employed in calendar year 2020 (Part V, line 1a)	·····	18
<u>∓</u> i				15
Activities & Governance		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	l bi	Net unrelated business taxable income from Form 990-T, Part I, line 11		
			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	1,406,393.	1,863,272.
Revenue		Program service revenue (Part VIII, line 2g)	19,750.	0.
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4,168.	78.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,692.	21,835.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,452,003.	1,885,185.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,720.	89,732.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,191,552.	984,901.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
g		Total fundraising expenses (Part IX, column (D), line 25) 171,183.		
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	335,402.	625,608.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,578,674.	1,700,241.
		Revenue less expenses. Subtract line 18 from line 12	-126,671.	184,944.
Net Assets or Fund Balances	<u> </u>		Beginning of Current Year	End of Year
ets	20 7	Fotal assets (Part X, line 16)	864,161.	779,288.
Ass Ba	21	Fotal liabilities (Part X, line 26)	421,542.	151,725.
Vet	22 1	Net assets or fund balances. Subtract line 21 from line 20	442,619.	627,563.
		Signature Block	112/025	02770000
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and helief it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	•	y knowledge and beller, it is
ii uo,	COLLECT	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	Tarer rias arry knowledge.	
٥.		Signature of officer	I Date	
Sig		JANET SCHULMAN, INTERIM EXEC. DIRECTOR	Duto	
Her	e	Type or print name and title		
		· · · · ·	Date Check	II PTIN
ъ.		Print/Type preparer's name Preparer's signature	Date Check L	
Paid	-	JODI GOODMAN	self-employ	
		Firm's name GREEN & GREEN, CPAS	Firm's EIN ▶	20-2433720
Use	Only	Firm's address 28382 CONSTELLATION RD		64 \ 60E 664=
		VALENCIA, CA 91355	Phone no. (6	
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Pa	t III 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 PROGRAM WAS ESTABLISHED TO PROVIDE SERVICES TO VICTIMS OF
	STATE-SPONSORED VIOLENCE: MEDICAL, PSYCHOLOGICAL, COUNSELING, CASE
	MANAGEMENT, EXPERT WITNESS AND SOCIAL SERVICES ASSISTANCE.
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. (Code:) (Expenses \$ 581,106 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 581,106 · including grants of \$) (Revenue \$) PSYCHOLOGICAL SERVICES - PTV SERVED APPROXIMATELY 330 CLIENTS DURING
	THE YEAR. PTV PROVIDES PSYCHOLOGICAL EVALUATION, BOTH INDIVIDUAL AND
	FAMILY THERAPY, TO HELP RELIEVE DEPRESSION AND PTSD, ENHANCING
	FUNCTIONING OF FAMILIES. PTV REFERS CLIENTS TO PRO-BONO PSYCHIATRISTS
	FOR EVALUATION, FOLLOW UP, AND CONTINUED CONSULTATION AND COLLABORATION
	WITH PSYCHIATRISTS. PTV HOLDS ASYLUM READINESS FORUMS TO PREPARE
	CLIENTS FOR THE ASYLUM PROCESS. A SEPARATE PROGRAM IS HEALING CLUB, A
	MULTI-CULTURAL GATHERING OF CLIENTS AND THEIR FAMILIES WITH PTV STAFF
	FOR PEER AND RECREATIONAL ACTIVITIES. THIS PROVIDES THE OPPORTUNITY TO
	SHARE CULTURE THROUGH FOOD, MUSIC, STORIES, AND BUILD A SENSE OF
	COMMUNITY, SOCIAL SUPPORT, AND TO SHARE PERSONAL CHALLENGES AND
	ACHIEVEMENTS.
4b	(Code:) (Expenses \$
	MEDICAL CARE - MOST SURVIVORS OF TORTURE WHO ARE NEW TO THE U.S. ARE
	NOT ELIGIBLE FOR GOVERNMENT OR WORKPLACE HEALTH COVERAGE IN THEIR FIRST
	YEAR OF RESIDENCY. MANY REQUIRE IMMEDIATE MEDICAL CARE DUE TO INJURIES CAUSED BY HUMAN RIGHTS ABUSE OR DUE TO UNTREATED CHRONIC CONDITIONS.
	PTV PROVIDES FREE AND IMMEDIATE OUTPATIENT MEDICAL CARE AT OUR OFFICES
	INSIDE EISNER HEALTH, INCLUDING REFERRALS TO MEDICAL SPECIALISTS IN THE
	FIELDS OF NEUROLOGY, PSYCHIATRY, AND GYNECOLOGY, ALL AT NO COST TO THE
	CLIENTS. EMERGENCY OR TRAUMA-RELATED DENTAL CARE IS AVAILABLE THROUGH
	OUR PARTNERSHIP WITH CHANGE A LIFE FOUNDATION.
4c	(Code:) (Expenses \$
	CASE MANAGEMENT SERVICE - PTV COORDINATES WITH STAFF, PRO-BONO
	PROFESSIONALS, AND OTHER COMMUNITY RESOURCES TO ASSIST AND RESPOND TO
	OUR CLIENTS' BASIC AND EMERGENCY NEEDS, ALL TO GUIDE THEM TOWARD SELF
	SUFFICIENCY. PTV CLINICAL DIRECTOR, CLINICAL STAFF, MEDICAL DIRECTOR, AND CASE MANAGERS MEET WEEKLY FOR CASE CONFERENCES WHERE THEY ASSIGN
	AND PLAN FOR CLIENTS, REVIEW CASES, HEAR LECTURES, AND REVIEW ARTICLES
	AND FLAN FOR CLIENTS, REVIEW CASES, HEAR LECTORES, AND REVIEW ARTICLES AND FILMS THAT ARE RELEVANT. PTV COORDINATES RESOURCES TO HELP ASSIST
	CLIENTS WITH CLOTHING, FOOD, EMERGENCY FINANCIAL NEEDS, TRANSPORTATION,
	HOUSING, LEGAL SERVICES, AND JOB PREPARATION. PTV PROVIDES AN ON-SITE
	FOOD BANK, GROCERY GIFT CARDS, BUS TOKENS, HOUSING ASSISTANCE,
	EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND JOB TRAINING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,408,743.
	Form 990 (2020)

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,	Ů		
•	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			,
	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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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,			Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	22	
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV	Checklist of Required Schedules (continued)

	office and the state of the sta			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	240		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			v
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	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		Х
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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		 ^
b	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		Х
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?		,,	
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	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
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17		168	140
b	The state that the state of the			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2020) PROGRAM FOR TORTURE VICTIMS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 18 1b If a least one is reported on inc 2a, did the organization file all required federal employment tax neturns? b If a least one is reported on line 2a, did the organization file all required federal employment tax neturns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b If "Yes," and the filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3c If "Yes," and the the name of the foreign country by the strength of				Yes	No				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, I has it filed a Form 980-Tro this year? If 'No' to line 30, provide an explanation on Schedule 0 3c A At any time during the calendary are, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country year, and the organization have an interest in, or a significant or other authority over, a financial account for 10 foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction? 5b X b Use and the same of the organization that it was or is a party to a prohibited tax shelter transaction? 5c Obsert the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or exhibitations? 5c Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductibles or exhibitation and express statement that such contributions or gifts were not tax deductibles or exhibitation and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 1700; a Did the organization neceive a payment in secess of \$75 made party as a combination and party for goods and services provided to the payor? 7c Type of the organization receive a payment in secess of \$75 made party as a combination and party for goods and services provided to the payor? 7c Did the organization receive any paymentums, directly to pay premiums on a personal benefit contract? 7c Did the organization received an	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 28							
3a Dix Brown the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', his it filed a Form 9907 for this year? If Whi? to file all, your provide an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities account, or other financial accountly or the foreign country. 5c If Yes' is lost the the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have foreign country. 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization is of the organization the rorm 8804 or any contributions that were not tax deductible? 6c Boses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible? 6c Boses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Boses the organization receive a payment in excess of \$5's made partly as a contribution and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, indicate the number of forms 8882 filed during the year. 6d If Yes, indicate the number of forms 8882 filed during the year. 7c If Wes, indicate the number of forms 8882 filed during the year. 8d Did the organization received an contribution of qualified intellectual property, did the organization file a form 1084-07. 8d Sposoring organizations enabled a contribution of qualified intellectual property, did the organization file a form 1084-07. 8d Sposoring organizations enabled a contribution of a contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X				
b If Yes, "has it flied a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (secund as a bank account, secundies account, or other financial account)? 5 If 'Yes," inter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "interest in the programmation of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If Yes' to line Sa of Sb, did the organization file Form 888617 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution on a party for gods and services provided to the payer? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes," did the organization notity the done of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes," indicate the number of Forms 8282 fleed during the year 10 If the organization received an ocntribution of cars, boats, simplenes, or other vehicles, did the organization flee form 8282? 11 If Yes, "Indicate the number of Forms 8282 fleed during the year 12 If If the organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization flee form 1098 C? 12 If the organization received a contribution of a divided the organization flee form 8289 as required? 13 If the organization received an orthibution is included t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country P	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
the interval of the contributions are part of the foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, 'retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 6 Dost the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat was that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution of payment in the contributions under section 170(c). 8 Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization received a contribution of the value of the goods or services provided? 8 Did the spanization received a contribution of unit payment in excess of target payment in payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 9 Did the organization network apament in excess of \$75 made party as a contribution of the payment in pay	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X				
If "Yes," complete Form 4720, Schedule O.					77				
	16		16		X				
		If "Yes," complete Form 4720, Schedule O.	F	000	(0000)				

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			
	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			
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	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		Х
	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	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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 ▶CA			
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))	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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, at	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JANET SHULMAN - (213) 384-4788			
	3550 WILSHIRE BLVD STE 1906, LOS ANGELES, CA 90010			

032006 12-23-20

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.

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)	l	AI 112C		C)	прс	iisai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week		CCI ai	lu a u	II GCIC)/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	ıal tru)yee	ompe		,		and related
	below	vidua	Institutional trustee	je,	Key employee	Highest compensated employee	ner			organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) WILLLIAM OLDFIELD III	48.00			l				105 000		
EXECUTIVE DIRECTOR	4 00			Х				135,000.	0.	0.
(2) ARUN BAHETI	4.00			l						
BOARD CHAIR		Х		Х				0.	0.	0.
(3) ANDREW ATKIN	2.00			l						
TREASURER		Х		Х				0.	0.	0.
(4) ADAM LEVINE	2.00			l					•	
SECRETARY	0 00	Х		Х				0.	0.	0.
(5) ERICA DEUTSCH	2.00								•	0
DIRECTOR	0 00	Х						0.	0.	0.
(6) GREG GOOD	2.00								•	0
DIRECTOR	2 00	Х						0.	0.	0.
(7) JENNIFER FISHER	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(8) NIELS FRENZEN	2.00	Х						0.	0.	0
DIRECTOR	2.00	^						0.	0.	0.
(9) MARILYN HO	2.00	Х						0.	0.	0.
(10) ROBIN SCHOENFELD	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(11) JANET SCHULMAN	40.00	^						0.	· · ·	<u> </u>
INTERIM EXECUTIVE DIRECTOR	40.00			x				0.	0.	0.
INTERIM EXECUTIVE DIRECTOR								0.	0.	
										_
		1								
		1								
		1								
	-	-	•	-	-	•	-			- 000

	FOR TOR	rui	RE	V]	[C	ΓI	4S		95-44	92	477	P	age 8		
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees			ighe	st C	ompensated Employe	es (continued)						
(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	Reportable compensation		ortable ensation		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom the anizat d relat anizati	e ion ed		
1b Subtotal								135,000.		0.			0.		
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A						<u> </u>	0. 135,000.		0.			0.		
 Total number of individuals (including but compensation from the organization 	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	e 		Yes	1 No		
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>								hest compensated emp			3	163	X		
4 For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		Х		
 5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co Section B. Independent Contractors 	· · · · · · · · · · · · · · · · · · ·				-			-			5		Х		
Complete this table for your five highest of the organization. Report compensation for										pens	ation 1	from			
(A) Name and busines			ONI					(B) Description of s		С	(Compe	C) nsatio	n		
							_								

			-											
			-	1										
			-											
			+	\vdash							_			
			_											
				1										
			1											
											\neg			
1b	Subtotal							<u>►</u>	135,000.		0.			0.
С	Total from continuation sheets to Part V	II, Section A	٠						0.		0.			0.
d	Total (add lines 1b and 1c)								135,000.		0.			0.
2	Total number of individuals (including but r	not limited to	those	e list	ed a	bove	e) wł	no re	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,			•		•	-	_	•	•				
	line 1a? If "Yes," complete Schedule J for s	such individu	al								[3		X
4	For any individual listed on line 1a, is the se								•	•				
	and related organizations greater than \$15	0,000? If "Ye	es," cc	ompi	lete S	Sche	edule	e J fo	or such individual			4		X
5	Did any person listed on line 1a receive or					•			•					
	rendered to the organization? If "Yes," con	nplete Sched	ule J	for s	uch	pers	on .				<u></u>	5		X
	tion B. Independent Contractors									•			_	
1	Complete this table for your five highest co	-	-								pensa	ation '	from	
	the organization. Report compensation for	the calenda	r year	end	ing v	vith (or w	ithin T		year.				
	(A) Name and business	address	NT/	ON:					(B) Description of s	envices	C	(C) Compensation		
	Name and business	addicss	1//	OIN.				-	Description of s	ICI VICCS		ompe	iisatio	''
								\dashv		+				
								+						
								+						
								\dashv						
2	Total number of independent contractors (including bu	t not l	imite	ed to	thos	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi					(ioro irrair				
												Form	990 (2	2020)
32008	3 12-23-20												,	,
							9							
70	526 136136 PVT	202	0.0	50	95	Ρ	RO	GR	AM FOR TORTU	JRE VICTI	MS	PV	r	1

Ра	rt v	Ш			and the Halla David VIIII			
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SΩ	4	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	'		1 9					
P, E								
ifts			Fundraising events 1c Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e 1	,228,462.				
Sir			All other contributions, gifts, grants, and	, 220 , 102 •				
her		٠	similar amounts not included above 1f	634,810.				
QĘ		~	Noncash contributions included in lines 1a-1f	031,0101				
Son		_	Total. Add lines 1a-1f		1,863,272.			
<u> </u>		<u></u>	Total Add lines 1a 11	Business Code				
o	2	2		Business sour				
Program Service Revenue		b	-					
Ser		C	-					
ž e		d						
Be		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, inte					
			other similar amounts)	•	78.	78.		
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re		d	Net gain or (loss)	>				
her	8	а	Gross income from fundraising events (not					
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8					
			Less: direct expenses 8	420.				
			Net income or (loss) from fundraising events	<u> </u>	21,835.			21,835.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9	<u> </u>				
			· · · · · · · ·	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10					
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
e ne	11							
Miscellaneous Revenue		b						
Sce		C	All otherwise control					
Σ			All other revenue					
	40	е	Total revenue See instructions		1,885,185.	78.	0.	21,835.
	12		Total revenue. See instructions	P	F,000,1000	70.	ı .	,

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	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	89,732.	89,732.		
3	Grants and other assistance to foreign	00,700	00,1020		
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	111,400.	33,420.	50,130.	27,850
6	Compensation not included above to disqualified		-		•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	773,273.	639,717.	36,976.	96,580
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,617.	22,535.	2,916.	4,166
10	Payroll taxes	70,611.	53,727.	6,952.	4,166 9,932
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	55,821.	44,268.	5,445.	6,108
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	164,304.	154,694.	2,194.	7,416
12	Advertising and promotion				
13	Office expenses	16,074.	12,748.	1,567.	1,759
14	Information technology				
15	Royalties				
16	Occupancy	83,849.	66,496.	8,179.	9,174
17	Travel	447.	354.	44.	49
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	F ^FF	4 011	400	F F A
23	Insurance	5,057.	4,011.	493.	553
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) IN-KIND SVCS & SUPPLIES	239,022.	239,022.	0.	0
a	HIRING AND TRAINING	29,766.	23,606.	2,903.	3,257
b	TELEPHONE	14,917.	11,830.	1,455.	1,632
c	PAYROLL SERVICE FEES	4,714.	4,714.	1,455.	1,032
d		11,637.	7,869.	1,061.	2,707
	All other expenses	1,700,241.	1,408,743.	120,315.	171,183
25	Total functional expenses. Add lines 1 through 24e	1,100,241.	1,400,140.	120,313.	111,100
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2020

Form 990 (2020) Part X | Balance Sheet

Part	Х	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,786.	1	129,278.
	2	Savings and temporary cash investments			510,270.	2	510,348
	3	Pledges and grants receivable, net			178,636.	3	128,671
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ				6	
313	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			01 460	8	0 005
`	9	Prepaid expenses and deferred charges			21,469.	9	2,227
1	10a	Land, buildings, and equipment: cost or other		60 141			
		basis. Complete Part VI of Schedule D		60,141.	0		
	b	Less: accumulated depreciation		60,141.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets			0.	14	8,764
	15	Other assets. See Part IV, line 11			864,161.	15	779,288
-	<u>16</u>	Total assets. Add lines 1 through 15 (must eq			190,450.	16 17	151,725
	17 40	Accounts payable and accrued expenses			170,430.	18	131,723
	18 19	Grants payable			65,369.	19	0
	19 20	Deferred revenue			03,303.	20	0
- 1	20 21	Tax-exempt bond liabilities				21	
ـ ا	22	Loans and other payables to any current or for				21	
ĕ '		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
, ا ڐ	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat			165,723.	24	0
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D		·		25	
2	26	Total liabilities. Add lines 17 through 25			421,542.	26	151,725
		Organizations that follow FASB ASC 958, ch					
8		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			298,047.	27	543,236
2 2	28	Net assets with donor restrictions		<u></u>	144,572.	28	84,327
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
<u> </u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSe 3	30	Paid-in or capital surplus, or land, building, or				30	
ַבַּ בַּ	31	Retained earnings, endowment, accumulated		—	110 610	31	605 560
g 3	32	Total net assets or fund balances		ı	442,619.	32	627,563
3	33	Total liabilities and net assets/fund balances			864,161.	33	779,288. Form 990 (2020

-orm	1990 (2020) PROGRAM FOR TORTURE VICTIMS	22-442	4411	Pag	ge 🖊
Pa	rt 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)		1,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,70		
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44	2,6	19.
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	62	7,5	<u>63.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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	Ο.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		. 3a		X
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		

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 PROGRAM FOR TORTURE VICTIMS **Employer identification number** 95-4492477

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.	
The	orgar	nization is not a private found	lation 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 described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz						the hospital's name.
		city, and state:		. ,				,
5		An organization operated for	or the benefit of a co	Illege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	a or opera	ica by a g	overnmental and desent	JCG II1
			•			70/1-\/4\/A\	<i>(</i>)	
6	₩	A federal, state, or local gov						1.8 1 2 12
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Н	A community trust describe						
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	-					
а		Type I. A supporting orga				•	•	, aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		organization. You must o			- · · · · · · · · · · · · · · · · · · ·			, app 6 9
b		Type II. A supporting org			tion with it	e eunnort	ed organization(s) by ha	avina
~		control or management o						-
		-			arrie perso	JIIS IIIAI CI	ontrol of manage the sup	ported
_		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·		in connoc	tion with	and functionally integrat	ad with
С			-				•	ea with,
		its supported organization		•				
d							• • • • • •	
		that is not functionally int	-	· ·	•		·	iveness
		requirement (see instruct	•	•				
е	L	☐ Check this box if the organical contents in the contents of the con	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported o	organizations					
<u>g</u>		vide the following information		` ` ` `	(iv) Is the orga	nization lieted		1 (0)
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	ıl							

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.")	961,759.	1,051,244.	1,498,327.	1,406,393.	1,863,272.	6,780,995.
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						
4	Total. Add lines 1 through 3	961,759.	1,051,244.	1,498,327.	1,406,393.	1,863,272.	6,780,995.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							6,780,995.
Sec	ction B. Total Support		_	_		_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	961,759.	1,051,244.	1,498,327.	1,406,393.	1,863,272.	6,780,995.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	657.	5,682.	9,778.	4,168.	77.	20,362.
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.)	14,738.	9,400.	15,500.	19,750.		59,388.
11	Total support. Add lines 7 through 10						6,860,745.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th					i01(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 (I	ine 6, column (f), d	livided by line 11, c	olumn (f))		14	98.84 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.53 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% (or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop here	e. Explain in Part \	VI how the organiza	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, ched	ck this box and sto	p here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	lifies as a publicly	supported organi	ization	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	<u> </u>

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.)

Calendary part (or fiscal year beginning in) Galter, grants, contributions, and membership less received. (Do not include any "unusual grants.") Gross received from admissions, merchandise sold or services personal purpose of continuous and particular to the organization of tax exempl purpose. Gross receives from admissions, merchandise sold or services personal purpose of considerations and the particular to the organization of tax exempl purpose. Gross receives from activities that are not an unrelated trade or flushings and the particular to the organization of tax exemple purpose of considerations and the particular to the par		palify under the tests listed be Public Support	elow, please com	plete Part II.)				
Giffes, grants, contributions, and membership less received. (Dr not include any "unusual grants,") Giress receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose 3 Gross receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose 3 Gross receipts from admission and the part of contribution and the part of th			(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 3 cross receipts from admission that are not an unrelated trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf to receive or facilities furnished by a governmental unit to the organization without charge to the organization without charge to Total. Add lines 1 through 5			(a) 2016	(b) 2017	(C) 2016	(a) 2019	(e) 2020	(I) Total
include any *unusual grants.*) Gross receipts from admissions, merchandise soil or services per formed, or facilities furnished in any activity that is related to the organization's trave-weight purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's to 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. 7. A mounts holded on lines 1, 2, and 3. received from disqualified persons b. Avecuals included in lines 2 and 3 very wind the second to grant or the sec	. •							
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization'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. 7.a Amounts included on lines 1, 2, and 3 received from disqualified persons 8.b Amounts included on lines 1, 2, and 3 received from disqualified persons 9.b Amounts included on lines 1, 2, and 3 received from disqualified persons are exerced to general of 56,000 or 1% of the the amount on line 1 to the tops or 1.5 to the year of 1.5		•						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3. Gross receipts from activities that are not an unrelated trade or bus- inses under section 513. 4. Tax revenues levels for the organ- ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities 6. Total. Add lines 1 through 5. 7. A Amount is included on lines 1, 2, and 3. received from disqualified persons 5. Amounts included on lines 1, 2, and 3. received from disqualified persons 5. Public support, significantly 11-threst 9. Amounts from the 5 to the yar 10. Add lines 7 and 7 b 9. Public support is significantly 11-threst 9. Public support is significantly 11-threst 9. Amounts from line 6 10. Gross income from interest, 4. Add lines 10. And 10. In the 10. Add lines 10. Add line								
formed, or facilities furnished in any activity that is related to the organization's tax oxempt purpose of Gross receipts from activities that are not an unrelated trade or business under section \$13 4. Tax revenues levied for the organization is penelt 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 in the paid to or expended on its behalf 6. Total. Add ines 1 through 5. 7. A Amounts included on lines 1, 2, and 3 received from disqualified persons be available form disqualified persons be available form disqualified persons be available form disqualified persons and the services of 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. Actol lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included in lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind Ind b Annahi included on lines 1, 2, and and Ind Ind b Annahi included on								
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide for the organization'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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exercise the greater of \$0.000 or % of the considerable of the property of the considerable of the property of the proper								
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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		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
<u></u>	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		1	
			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			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		<u> </u>
Sec	Tion 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		
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			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	onaono	Yes	No
a			100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	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-function	ally integrate	d Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	2001	3 1132111 Page 1
	on D - Distributions	(a)(a) a apparaing a 191	<u>(Continu</u>	eu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem			-	
_	organizations, in excess of income from activity	pr par posso or sapported		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets	11 5		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 t	the organization is responsive)		
	(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	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	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				
	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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A lines 1, 2, 3h, 3c, 4h, 4c, 5a, 6, 3a, 9h, 9c, 11a, 11h, and 11c, Part III, Section R lines 1, and 2) Part IV, Section R
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
_	
<u> </u>	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

PROGRAM FOR TORTURE VICTIMS

Employer identification number

95-4492477

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

PROGRAM FOR TORTURE VICTIMS

95-4492477

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEINGART FOUNDATION 700 FLOWER STREET #1900 LOS ANGELES, CA 90017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PROGRAM FOR TORTURE VICTIMS

95-4492477

Noticasti Property (see instructions). Use duplicate copies of Pa	art II ir additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)

Employer identification number

Name of organization

clusively religious, charitable, etc., contribution any one contributor. Complete columns (a) impleting Part III, enter the total of exclusively religious, case duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, and Transferee's name, address name, ad	through (e) and the following line entharitable, etc., contributions of \$1,000 or space is needed. (c) Use of gift (e) Transfer of gift	try. For organizations less for the year. (Enter this info. once.) (d) Description o	of how gift is held
	(e) Transfer of gift		
Transferee's name, address, ar			
			o transteree
(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held
Transferee's name, address, ar	IG ZIP + 4	Relationship of transferor to	o transferee
(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held
	(e) Transfer of gift	<u> </u>	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to	o transferee
(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held
	(e) Transfer of giff		
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to	o transferee
	Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to gift (b) Purpose of gift (c) Use of gift (d) Description of transferor to gift (e) Transfer of gift (e) Transfer of gift

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

PROGRAM FOR TORTURE VICTIMS

Employer identification number 95-4492477

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(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	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	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 org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	annig on molations, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

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Pai	rt III Organizations Maintaining Col	lections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession,	and other record	ls, check	any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı	oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explai	n how th	ey further t	he organization	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or re	eceive donations	of art, his	storical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be maint							L	Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered "	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part X	., line 21.									
1a	Is the organization an agent, trustee, custodian								7		_
	on Form 990, Part X?							L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing t	able:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						1f		1		
	Did the organization include an amount on Form						ity?		Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. Ch										
Pai	rt V Endowment Funds. Complete if th										
		a) Current year	(b) Pi	rior year	(c) Two year	s dack ((d) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				-						
f	Administrative expenses					+					
g	End of year balance		- /!: 4		-\\ l l - l						
2	Provide the estimated percentage of the current	t year end baland	``.	g, column (a	a)) neid as:						
a	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
С	Term endowment %	Loguel 1000/									
20	The percentages on lines 2a, 2b, and 2c should		ation tha	t ara bald a	and administa	rad far th	a araani	otion			
Sa	Are there endowment funds not in the possessi	on or the organiza	ation tha	t are rielu a	ina administe	rea for tr	ie organiz	ation	Г	Vaa	Na
	by: (i) Unrelated organizations								3a(i)	Yes	No
									 		
h	(ii) Related organizations										<u> </u>
4	Describe in Part XIII the intended uses of the organization								<u> </u>		
Pai	rt VI Land, Buildings, and Equipmer		WITIETTE	unus.							
	Complete if the organization answered ") Part IV	' line 11a 9	See Form 990) Part X	line 10				
-	Description of property	(a) Cost or o			or other		cumulate	а	(d) Book	valu	
	Besonption of property	basis (investr			(other)		reciation	۱ ۱	(u) D 001	· vaia	J
1a	Land	<u> </u>			, ,	- 36					
	Buildings										
	Leasehold improvements										
	Equipment	4.0	588.				48,58	38.			0.
	Other		553.				11,5				0.
	I. Add lines 1a through 1e. (Column (d) must equa			nn (B), line 1	10c.)			ightharpoonup			0.
		,	-								$\overline{}$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PROGRAM FOR	TORTURE VICT	LIMO	0-4492411 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d of year market value
(A) =:	(b) Book value	(c) Method of Valuation. Cost of en	u-or-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.			
	on Form 000 Port IV line	alla Saa Farm 000 Dart V lina 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
· · · · · ·	(b) Book value	(e) methed of valuation, cost of cir	a or your marker value
(1)			
(2)			
(3)			
(4)			
(5) (c)			
(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" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	7 Tra. 300 F 3111 300, F are 7, iii 6 70.	(b) Book value
(1)	'		· · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	- ,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	. ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	b	
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
,, provido			· · - · · · · ·

032053 12-01-20

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...

Schedule D (Form 990) 2020

Pa	rt XI Reconciliation of Revenue per Audited Financial		e per Return	l.
	Complete if the organization answered "Yes" on Form 990, Part I			1 005 105
1	Total revenue, gains, and other support per audited financial statements	s	1	1,885,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	· · · · · · · · · · · · · · · · · · ·			
b				
С.	1 7 9			
d				0
e	J			0. 1,885,185.
3	Subtract line 2e from line 1		3	1,005,105.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	,		4.	0.
c				1,885,185.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XII Reconciliation of Expenses per Audited Financia			
га	Complete if the organization answered "Yes" on Form 990, Part I		ses per netu	111.
_			1	1,700,241.
1	Total expenses and losses per audited financial statements			1,700,241.
2		2a		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
c d				
u e		•	2e	0.
3	J			1,700,241.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
c		<u>- </u>	4c	0.
5				1,700,241.
	irt XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		art v, iii 16 4, i art	Λ, III θ 2, Γαιτ Λί,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PROGRAM FOR TORTURE VICTIMS

Employer identification number 95-4492477

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundralsing events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? Yes No b If Yes Site the 10 highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundralser) Yes No Yes No Total Will provide the provided of the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Part I Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	
(ii) Activity fundraiser fundraiser from activity from	 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individuals 	ed funds through any of the following solicitates of the solicitates o	tion of tion of fundra I (include profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, orYes	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration		(ii) Activity	fundraiser have custody or control of from activity (IV) Gross receipts to (or retained by) to fundraiser to			to (or retained by)	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			Yes	No			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	Total						
	3 List all states in which the organizatio	n is registered or licensed to solicit	contrib	outions	l s or has been notified	d it is exempt from re	l egistration
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Г	ırt I	of fundraising events. Complete if the of fundraising event contributions and gr	~			
		g	(a) Event #1 VIRTUAL GALA AND AWARDS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	22,255.			22,255.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	00.055			22,255.
	4	Cash prizes				
ώ	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	420.			420.
	10	Direct expense summary. Add lines 4 throug	()			420. 21,835.
Pa	11 rt					1 21,033.
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 100	1000,1 41114, 1110 10, 01	roportod more than	
		,	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
enue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
a	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
0320	82 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 PROGRAM FOR TORTURE VICTIMS 95-4	4492	4//	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:			
		140-	I	0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{\text{s}} = \text{and the amount}\$ of gaming revenue retained by the third party \$\bigs\sum_{\text{s}} = \text{and the amount}\$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•			Yes	☐ No
	retain the state gaming license?	—	163	NO
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part ID, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, Iir	nes 9,	9b, 10b,

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Schedule G	G (Form 990 or 990-EZ)	PROGRAM FOR	TORTURE	VICTIMS	95-4492477	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
	• • • • • • • • • • • • • • • • • • • •	,				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number
PROGRAM FOR TORTURE VICTIMS					95-4492477			
Part								
	Does the organization maintain records							
C	criteria used to award the grants or assi	stance?						X Yes No
	Describe in Part IV the organization's pro							
Part	aranto ana otner Addictance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than		· ·	1	<u> </u>	(f) Method of	1 (15 : (1 (1)
1(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 E	Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table			1	>
	Enter total number of other organization							

Schedule I (Form 990) 2020 PROGRAM FOR TOP	RTURE VIC	TIMS			95-4492477	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		J
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
TRANSPORTATION, RENT, FOOD, PRESCRIPTION MEDICATION	253	89,732.	. 0.			
Part IV Supplemental Information. Provide the information red	uuired in Part I, lir	ı ne 2; Part III, columr	n (b); and any other a	dditional information.		
SCHEDULE I, PART III						
PTV DOES AN INITIAL ASSESSMENT AND	EVALUTI	ON OF ALL	POTENTIAL	CLIENTS		
TO SEE IF THEY MEET PTV'S CRITERIA	A FOR PRO	VIDING ASS	SISTANCE AN	D RELIEF.		
BEFORE ANY ASSISTANCE IS PROVIDED,	IT IS A	PPROVED BY	A CLINICA	L TEAM		
AND BY MANAGEMENT. ONCE ACCEPTED A	AS A CLIE	NT, THEY A	ARE ELIGIBL	E FOR ANY		
OF THE ASSISTANCE PROGRAMS PTV PRO	OVIDES. F	ILES ARE K	EPT FOR EA	CH CLIENT		
WITH DOCUMENTATION OF ALL TREATMEN	T, MEETI	NGS, MEDIC	CAL RECORDS			
HEARINGS, INTERACTIONS WITH ATTORN	NEYS AND	COURTS, GC	OVERNMENT A	GENCIES,		
AND SOCIAL SERVICES PROVIDERS. SON						

Schedule I (Form 990)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047 Inspection

Name of the organization

PROGRAM FOR TORTURE VICTIMS

Employer identification number 95-4492477

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDE SERVICES TO VICTIMS OF STATE-SPONSORED VIOLENCE: MEDICAL,
PSYCHOLOGICAL, COUNSELING, CASE MANAGEMENT, LEGAL ASSISTANCE, AND
SOCIAL SERVICES.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE THEN IT IS
DISTRIBUTED TO ALL BOARD MEMBERS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE DIRECTOR MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT
OF INTEREST POLICY. ALL NEW OFFICERS, DIRECTORS, AND EMPLOYEES RECEIVE A
COPY OF THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS REVIEWED IN THE FALL OF EVERY YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
PTV MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AND ON OUR WEBSITE.

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

Schedule O (Form 990 or 990-EZ) 2020