		P	UBLIC DISCLOSURE COPY - STATE REGISTRA		OMB No. 1545-0047			
_	0	90	Return of Organization Exempt From					
⊦or	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e					
		of the Treasury enue Service	 Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the late 		Open to Public Inspection			
				MAY 31, 2019	Inspection			
_	Check if		f organization	D Employer identificat	ion number			
	applicab	le:	roiganzation					
	Addre	ess NATI	ONAL CRIME VICTIM LAW INSTITUTE					
	Name		usiness as	71-087	79090			
	Initial returr	Numbe	r and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number				
	Final return		SW MORRISON STREET 200	(503)	768-6819			
_	termi ated	City or	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,823,708.			
	Amer	PORI	LAND, OR 97205	H(a) Is this a group retur				
	Appli tion pend		nd address of principal officer: MARGARET GARVIN	for subordinates?				
	-	SAME	AS C ABOVE	H(b) Are all subordinates includ				
		empt status:		527 If "No," attach a list	· /			
			NCVLI.ORG X Corporation Trust Association Other L Yes	H(c) Group exemption n formation: 2003 M S				
	art I				tate of legal dofinicile. OK			
	1		be the organization's mission or most significant activities: TO PROMO	TE BALANCE AND	FATRNESS			
e	1.		JUSTICE SYSTEM.		1111111100			
nan	2		x F if the organization discontinued its operations or disposed of me	ore than 25% of its net assets	3			
Governance	3		ting members of the governing body (Part VI, line 1a)	1 1	8			
		Number of inc	8					
ې د	5		of individuals employed in calendar year 2018 (Part V, line 2a)		0			
Activities &	6		of volunteers (estimate if necessary)		62			
(cti)	7 a		d business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated	business taxable income from Form 990-T, line 38		0.			
				Prior Year	Current Year			
ē	8	Contributions	and grants (Part VIII, line 1h)	866,051.	1,609,001.			
Revenue	9	•	ice revenue (Part VIII, line 2g)	192,940.	179,427.			
Bev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	198.	146.			
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,094.	-6,092. 1,782,482.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,046,095.	1,702,402.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	838,408.	1,100,470.			
Expenses	162		undraising fees (Part IX, column (A), line 11e)	0.00	2,500.			
pen	b		ing expenses (Part IX, column (D), line 25) 19, 528.		2,0001			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	250,682.	808,267.			
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,089,090.	1,911,237.			
	19		expenses. Subtract line 18 from line 12	-42,995.	-128,755.			
0L 0L	9			Beginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)	348,593.	640,635.			
tAs	21	Total liabilities	s (Part X, line 26)	256,077.	676,874.			
			fund balances. Subtract line 21 from line 20	92,516.	-36,239.			
Part II Signature Block								
			I declare that I have examined this return, including accompanying schedules and state		owledge and belief, it is			
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.				

Sign Here	Signature of officer MARGARET GARVIN, EXECU Type or print name and title	TIVE DIRECTOR		Date							
Paid	Print/Type preparer's name SANG AHN	Fleparer S Signature	Date	Check PTIN if self-employed PO0540880							
Preparer	Firm's name MCDONALD JACOBS ,	P.C.		Firm's EIN 93-0900579							
Use Only	Jse Only Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
	Firm 990 (2010)										

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

rai	rt 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:
	TO PROMOTE BALANCE AND FAIRNESS IN THE JUSTICE SYSTEM THROUGH
	CRIME-VICTIM-CENTERED LEGAL ADVOCACY, EDUCATION, AND RESOURCE SHARING.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 251, 795. including grants of \$0.) (Revenue \$125, 483.
	VICTIM LEGAL ASSISTANCE. SINCE 2003, NCVLI HAS BEEN LEADING THE
	NATIONAL EFFORT TO ENFORCE VICTIMS' RIGHTS THROUGH ITS CRIME VICTIMS'
	RIGHTS ENFORCEMENT PROJECTS. THESE PROJECTS ENSURE THAT VICTIMS HAVE
	ACCESS TO TRAINED NO COST, PRO BONO, AND LOW BONO ATTORNEYS AND
	ADVOCATES TO SECURE FOR THEM MEANINGFUL RIGHTS THROUGH THE EXERCISE OF
	THOSE RIGHTS IN STATE, FEDERAL, MILITARY AND TRIBAL TRIAL AND APPELLATE
	COURTS NATIONWIDE. THIS PAST YEAR, ACCOMPLISHMENTS OF NOTE WERE MANY -
	SOME WERE ONGOING EFFORTS AND OTHERS AS NEW INITIATIVES. THE WORK OF
	THREE ONGOING PROJECTS ARE NOTED HERE.
	FIRST, TO ENSURE NATIONAL CAPACITY NCVLI HAD THREE NATIONAL INITIATIVES. WE CONTINUED A NATIONAL PROJECT TO PROVIDE TRAINING AND
41.	
4b	(Code:) (Expenses \$300,642. including grants of \$0. 0. (Revenue \$0. 40,794. EDUCATION ON VICTIMS' RIGHTS: NCVLI'S DEDICATION TO EDUCATING ON THE
	CURRENT STATUS AND FUTURE HORIZON OF VICTIMS' RIGHTS IS DEMONSTRATED
	THROUGH TRAININGS, PUBLICATIONS AND COLLABORATIONS WITH OTHER JUSTICE
	ENTITIES. OVER THE YEAR, NCVLI TRAINED HUNDREDS OF JUSTICE
	PROFESSIONALS ON THE MEANING AND ENFORCEABILITY OF VICTIMS' RIGHTS.
	THESE TRAININGS INCLUDED INTENSIVE IN-PERSON TRAININGS AND LECTURES,
	TECHNOLOGY-ASSISTED TRAININGS, AND VICTIMS' RIGHTS EDUCATIONAL
	MATERIALS. CENTRAL TO NCVLI'S TRAINING EFFORT WERE (1) THE ANNUAL CRIME
	VICTIM LAW CONFERENCE, HELD IN PORTLAND, OREGON, WHICH OFFERED A WIDE
	RANGE OF TRAINING FOR NOVICE AND EXPERIENCED ATTORNEYS AND ADVOCATES ON
	CRIME VICTIM LAW PRACTICE AND POLICY; AND (2) THE STATE VICTIM
	ASSISTANCE ACADEMY OF OREGON, AT WHICH NCVLI PROVIDES FOUNDATIONAL AND
4c	(Code:) (Expenses \$24,108. including grants of \$0.) (Revenue \$13,150.
	NCVLI'S WORK WITH STUDENTS CONTINUED. SPECIFICALLY NCVLI CONTINUED ITS
	INTERNSHIP/EXTERNSHIP PROGRAM WHICH IS OPEN TO UNDERGRADUATE, GRADUATE
	AND LAW STUDENTS, AND TAUGHT THE CRIME VICTIM LITIGATION CLINIC OF THE
	LEWIS & CLARK LAW SCHOOL, WHICH PROVIDED SECOND- AND THIRD-YEAR LAW
	STUDENTS THE OPPORTUNITY TO SUPPORT ONGOING NATIONAL VICTIM LITIGATION
	AND RESEARCH THROUGH THIS PROGRAM. NCVLI'S DIRECTOR ALSO TEACHES A
	SUBSTANTIVE CRIME VICTIM COURSE AT LEWIS & CLARK LAW SCHOOL.S.
4d	Other program services (Describe in Schedule O.)
14	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses > 1,576,545.
	Form 990 (2018
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	2

Form	990	(2018)
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			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		<u>24u</u>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U		28c		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is tracted as a partnership for foderal income tay purposed (r. 1	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
00		38	х	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 30	27	L
	Check if Schedule O contains a response or note to any line in this Part V			
			×	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	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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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, take for the calendar year eding with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Vete. If the sum of lines 1 and 2a is greater than 250, you may be required to a signature or other authority over, a 3a Did 3b Did the organization have unelated basiness gross income 051,000 or more during the year? 3a Did 3a Did 3a Did 3a Did 3a Did 3a Xa X	Form	990 (2018) NATIONAL CRIME VICTIM LAW INSTITUTE	71-0879	090	Pa	age 5		
2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements. 2a 0 b It at least one is reported on line 2a, do the organization file all reguled federal employment tax retures? 2b Note. If the sum of line 2a, do the organization file all reguled federal employment tax retures? 2b a At any time tast busines groups income of 31.000 more during the year? 3a X b If Yes, 'has if field a Form 300 T for this year? ('No' to line 3b, provide an explanation or Schedule 0 3b 4a b If Yes, 'has if field a Form 300 T for this year? ('No' to line 3b, provide an explanation or Schedule 0 3b X b If Yes, 'has if field a Form 300 T for this year? ('No' to line 3b, provide an explanation or Schedule 0 3b X b If Yes, 'has if field a Form 300 T for this year? ('No' to line 3b, provide an explanation or Schedule 0 3b X Se instructions for filling requirements for FinCEN Form 11A, Report of Foreign Bark and Financial Accounts (FBAR), 'Sa X X D of any taxable party notify the organization file R moganization file R moganization file R moganization file R moganization schedule any the any thind distruction or grits were not tax deductible? Sa X G If Yes, 'ind the organization neaves moreign sch	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
text for the calindar yavar anding with or within the year covered by this return La 0 b If at least one is reported on line 2a, did the organization fiel al required federal employment tax returns? 2a 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a 3b II 1*0s, "hast field a Form 3000 To this year?" 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts? 4a 5a with the organization in the oring country is business and maccount, securities account, or other financial accounts? 4a 5a Wast the organization in the oring country is business that are or in a party to a prohibited tax shellor transaction 2 any time during the tax year? 5a 5a Wast the organization in the organization file Form 8886 1? 5a 5a 6a Does the organization include with every solicitation an express statement that such contributions? 7a X 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax douctible as chatable contributions? 7a X 7b T*s, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax douctible as chatable contributions? 7a X 7b II the organization solicitation on express statement thas such contributions or gifts were not tax d					Yes	No		
b If at least one is reported on five 2a, did the organization field alrequired feederal employment tax returns? 20 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b TYes," hast if led a form 990-T for this year? If Ye' to ise 3b, provide an explanation in Xe holdub 0 3a 3b If Yes," hast if led a form 990-T for this year? If Ye' to ise 3b, provide an explanation in Xe holdub 0 3a 3c X Xa try time the name of the region country (such as a bank account, securities account, or other timancial account)? 4a 3c Wast the organization have varies the organization the tax helier transaction at any time during the tax yea? 5a X 3c If Yes," to the Sa or 5b, did the organization the Form 8806.T? 5a X 3c If Yes," to the Sa or 5b, did the organization the form 8806.T? 5a X 3c If Yes," to the organization neutral weak of the organization tax the outrituitons? 5a X 3c If Yes," to the sa or 5b, did the organization tax the outrituitons? 5a X 3c If Yes," tothe organization neutral weak other transaction tax device to thax devices or thax devices outrituitons? 5a X 3c If Yes," tothe organization necode a services tath math coutral tother t	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note. If the sum of thes 1a and 2a is greater than 250, you may be required to <i>e-stip</i> (see instructions) Ja 3a Did the organization have unaliated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a train authority over, a tabulate outhy (such as a back account, social social social count); 4a X any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a tabulate outhy (such as a back account, social		filed for the calendar year ending with or within the year covered by this return 2a	0					
3a Def the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b fi "Yes, 'has if field a Form 990-T for this year? /f 'N' to line 3b, provide an explanation in Schedule O 3b X a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If 'Yes, 'test the name of the foreign country (such as a bark account, securities account, or other financial account? 4a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a X 5a Was 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? 5c X 6 I' '''es', 'ide the organization include with every solicitation an explose statement that such contributions or gifts were not tax deductible? 6a X 7 Organizations that may receive deductible contributions under section 170(c). 6b 7c X 16 I' ''es', indicate the number of Forms 8292 filed during the year 7d 7c X 7 Organization solicit ortherwise dispose of tangible personal property for which it was required to the sponoration organization. 7c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		2b				
b If Yes," has it filed a Form 900-T for this year," <i>if Yes</i> / to like 30, provide an explanation. In Schedule 0 30 4 At any time during the calendar 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 the financial accounts (FBAR). 5 See instructions for filing requirements for Fince/See Country (such as a bank account, securities account); or other financial accounts (FBAR). 5 See instructions for filing requirements for Fince/See Country (such as a bank account, securities account); the during the tax year? 56 X 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 X 6 Does the organization are unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit as or the value doubtible? 70 70 7 Toganization reavie a payment in exects of 57 Sinde party as a contribution and party for goods and services provided? 70 74 X 10 Tyes," did the organization neave pass 21 lied during the year 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves and 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X <t< th=""><th>10</th><th>Section 501(c)(7) organizations. Enter:</th><th></th><th></th><th></th><th></th></t<>	10	Section 501(c)(7) organizations. Enter:						
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a XX b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 14a 13c c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 14a X If "Yes," see instructions and file Form 4720, Schedule N. 14a X<	11	Section 501(c)(12) organizations. Enter:						
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15			16		x		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				13				
· · · · · · · · · · · · · · · · · · ·	16		ne?	16		x		
	.0	If "Yes," complete Form 4720, Schedule O.		10				

Form 990 (2018)

832005 12-31-18

Form 990	(2018)
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NATIONAL CRIME VICTIM LAW INSTITUTE

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

Section A. Governing Body and Management

71-0879090 Page 6

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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 in Schedule O. See instructions. X

					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	3					
	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 in Schedule O.								
	Enter the number of voting members included in line 1a, above, who are independent	1b	8	3					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-					
2	officer, director, trustee, or key employee?			2		x			
3	Did the organization delegate control over management duties customarily performed by or under the			-					
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		x			
						X			
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
	Did the organization have members or stockholders?			6		<u> ∧</u>			
	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		<u> x</u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or						
	persons other than the governing body?			7b		X			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-						
	The governing body?			8a	Х	\vdash			
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	t the						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X			
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
					Yes	No			
Da	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		5						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	<u> </u>			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			120					
		,		120	х				
	in Schedule O how this was done			12c	X	+			
	Did the organization have a written whistleblower policy?			14	X	-			
	Did the organization have a written document retention and destruction policy?			14					
5	Did the process for determining compensation of the following persons include a review and approva	by inc	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37				
	The organization's CEO, Executive Director, or top management official			15a	Х				
	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).								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a						
	taxable entity during the year?			16a		X			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's						
	exempt status with respect to such arrangements?			16b					
ect	ion C. Disclosure								
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow OR$								
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990- ⁻	F (Section 501(c)(3)	s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.		(() ()	,,					
	X Own website Another's website X Upon request Other (explain	in Sch	nedule ())						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	l financ	ial				
	statements available to the public during the tax year.								
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records								
	ELLEN DULLY - (503) 768-6958								
		720	5						
	TT20 DW MOUNTDOW DIVERI, BOTTE 200, FORIDAND, OK 3	140	J		פפס ו				

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Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

(D)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\mathbf{n})

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	f box, unl		box, unless person is both a officer and a director/trustee			n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	rector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			Densa		(W-2/1099-MISC)		organization
	organizations	al tru	o nal t		oloye	com ge				and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
· · · · · · · · · · · · · · · · · · ·	line)	lnc	lns	6	Ke	e, <u>∓</u> i	For			
(1) HELENE R. DAVIS	1.00								0	0
PRESIDENT	1 00	Х		X				0.	0.	0.
(2) LISA ZAUNER	1.00								0	0
TREASURER		х		X				0.	0.	0.
(3) DOUGLAS BELOOF	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(4) DIANE BARKER HARROLD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) KATHLEEN CADY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOHN GILLIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JANIS PURACAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SEAN RIDDELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JENNIFER STORM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARGARET GARVIN	37.50									
EXECUTIVE DIRECTOR				Х				114,656.	0.	29,825.
932007 12.31.19										Form 990 (2018)

Form **990** (2018)

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	<u>1990 (2018)</u> NATIONAL	CRIME V	/IC	TI	M	LA	W .	IN	ISTITUTE	71-08	379	090	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	phest	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not ch , unles	s per	tion nore t son is	than o s both r/truste	an	(D) (E) Reportable Reportable compensation compensatio from from related			am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga anc	oensati om the anizati I relate nizatio	e ion ed
			-											
			-											
			-											
			-											
			-											
1b	Sub-total		-					•	114,656.		0.	29	9,82	25.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A))		0. 114,656.		0.	0. 29,825.		
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable	9		Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-							•			3	103	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any parson listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual			4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										pensat	tion fro	m	
	(A) Name and business			ONE					(B) Description of s		С	(C omper		<u>ו</u>
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nited	l to t	hos 0		ed	above) who received mo	ore than			000 //	

Form **990** (2018)

832008 12-31-18

Par	t VIII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
oun	b	Membership dues	1b					
Am 0,0	С	Fundraising events	1c	11,000.				
ar J	d	Related organizations	1d					
ini,		Government grants (contribut		520,878.				
er S	f	All other contributions, gifts, gran		FF 4.00				
jų t		similar amounts not included abo	ve 1f	77,123.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		11,627.	1 600 001			
<u> </u>	h	Total. Add lines 1a-1f			1,609,001.			
	• •	ANNUAL CONFEREN	10 F	Business Code 541900	125,483.	125,483.		
vice		TRAINING ASSIST		541900	40,794.	40,794.		
iue v	b c	TUITION & FEES	ANCE CO	541900	13,150.	13,150.		
ven S	c d	TOTITON & FEED		541900	15,150.	15,150.		
Program Service Revenue	u e							
Pro		All other program service reve	nue					
	g	Total. Add lines 2a-2f			179,427.			
	3	Investment income (including						
		other similar amounts)		►	146.			146.
	4	Income from investment of tax						
	5	Royalties	· . <u></u>	►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	Ŀ.	assets other than inventory						
	a	Less: cost or other basis						
	~	and sales expenses						
		Net gain or (loss)						
		Gross income from fundraisin						
Other Revenue	•		00. of					
eve		contributions reported on line						
r. B		Part IV, line 18	а	28,760.				
the	b	Less: direct expenses		41,226.				
		Net income or (loss) from fund		>	-12,466.			-12,466.
	9 a	Gross income from gaming ad						
		Part IV, line 19						
		Less: direct expenses		`				
		Net income or (loss) from gam		····· •				
	iu a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
F	U	Miscellaneous Revenu		Business Code				
- T-	11 a	MISCELLAENOUS I		900099	6,374.	6,374.		
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►	6,374.			
	12	Total revenue. See instructions		►	1,782,482.	185,801.	0 .	
32009	12-31-	18						Form 990 (2018

NATIONAL CRIME VICTIM LAW INSTITUTE

Form 990 (2018)

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NATIONAL CRIME VICTIM LAW INSTITUTE 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 respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	3				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5		144,135.	112,608.	30,341.	1,186.
6	trustees, and key employees	111,133.	112,000.	50,541.	1,100
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	734,639.	573,950.	154,644.	6,045.
7	Other salaries and wages	754,059.	575,950.	194,044.	0,043.
8	Pension plan accruals and contributions (include	27 022	21,815.	5 878	220
~	section 401(k) and 403(b) employer contributions)	27,923. 128,517.	100,407.	5,878. 27,053.	1 057
9 10	Other employee benefits	65,256.	50,982.	13,737.	230. 1,057. 537.
10	Payroll taxes	05,250.	50,962.	13,137.	557.
11	Fees for services (non-employees):				
	Management				
	Legal	7,150.		7,150.	
	Accounting	7,150.		7,150.	
	Lobbying	2,500.			2,500.
e	, на стана стан	2,500.			2,500.
f	e				
g	Other. (If line 11g amount exceeds 10% of line 25,	05 220	70 406	5 742	
	column (A) amount, list line 11g expenses on Sch 0.)	85,239. 589.	79,496.	<u>5,743.</u> 589.	
12	Advertising and promotion		10 600		1 050
13	Office expenses	25,879.	10,600. 1,263.	11,229.	4,050.
14	Information technology	6,398.	1,203.	5,135.	
15	Royalties	60.005	42 562	14 270	2 005
16		60,025.	43,562.	<u>14,378.</u> 75.	2,085.
17	Travel	25,006.	24,931.	/ 3 •	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 700	40.000	1 (00	
19	Conferences, conventions, and meetings	49,706.	48,026.	1,680.	
20					
21	Payments to affiliates	2 500	2 500		
22	Depreciation, depletion, and amortization	<u>3,500.</u> 2,680.	3,500.		
23	Insurance	2,680.		2,680.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а		456,609.	456,609.		010
b		7,355.	6,490.	53.	812.
С					
d		70 1 21	40.000	24 700	1 000
е	· · · · · · · · · · · · · · · · · · ·	78,131.	42,306.	34,799.	1,026.
25	Total functional expenses. Add lines 1 through 24e	1,911,237.	1,576,545.	315,164.	19,528.
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)				

10

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Form 990 (2018)

Part	Χ	Balance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			·····
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		21,325.	1	1,310.
	2	Savings and temporary cash investments		171,905.	2	104,100.
	3	Pledges and grants receivable, net		135,362.	3	485,057.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti				
ŝ		employees' beneficiary organizations (see instr).		6		
Assets	7	Notes and loans receivable, net			7	
Ϋ́	8	Inventories for sale or use			8	
	9			16,501.	9	50,168.
1	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 18,000	,		
	b	Less: accumulated depreciation	10b 18,000	3,500.	10c	0.
1	11	Investments - publicly traded securities			11	
1	12	Investments - other securities. See Part IV, line 1		12		
1	13	Investments - program-related. See Part IV, line 1		13		
1	14	Intangible assets		14		
1	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		16	640,635.	
1	17	Accounts payable and accrued expenses	38,040.	17	176,967.	
1	18	Grants payable	02.161	18		
	19	Deferred revenue		23,161.	19	23,768.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to current and former				
i <u>i</u>		key employees, highest compensated employees	, , ,			
Liabilities					22	
4	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
2	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines Schedule D		194,876.	25	476 139
	26	Total liabilities. Add lines 17 through 25		256,077.	25 26	476,139. 676,874.
	20	Organizations that follow SFAS 117 (ASC 958)		23070777	20	0/0/0/10
		complete lines 27 through 29, and lines 33 and				
ces	27	Unrestricted net assets		91,516.	27	-37,239.
lan 2	28			1,000.	28	<u>-37,239.</u> 1,000.
B	29			,	29	,
- un 1	-	Organizations that do not follow SFAS 117 (AS				
ш ч		and complete lines 30 through 34.				
ts o	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or eq			31	
ά	32	Retained earnings, endowment, accumulated inc			32	
Ne Ne	33	Total net assets or fund balances		92,516.	33	-36,239.
	34			348,593.	34	640,635.
		Total liabilities and net assets/fund balances				

	1 990 (2018) NATIONAL CRIME VICTIM LAW INSTITUTE	71-08	79090	Pa	_{ge} 12
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	1,78	-	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,91		
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	2,5	16.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		2	~ ^	~ ~
De	column (B))	10	- 3	6,2	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			v
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		01-	X	
D	Were the organization's financial statements audited by an independent accountant?		2 b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	e dasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•		oudit.			
C	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	x	1
			20	21	
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja		0	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		Ja		
U U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
				990	(2010)

Form **990** (2018)

SCHEDULE A	SC	HE	DL	JLE	Α
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public Inspection

	epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public ternal Revenue Service So to www.irs.gov/Form990 for instructions and the latest information. Inspection										
		the organizati		Go to www.irs.go	V/Form990 for instructio	ons and tr	ie latest ir	normation.	Employer		cation number
Nam				ONAL CRIME	VICTIM LAW	тметт	רווייד				79090
Pa	rt I	Reason			All organizations must co			e instructions		<u> </u>	15050
					For lines 1 through 12, cl						
1					on of churches described			()(A)(i).			
2					(Attach Schedule E (Form						
3					anization described in se			ii).			
4			•		njunction with a hospital)(iii). Enter	the hosi	oital's name.
•		city, and stat			,				///-		,
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)		-					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organizati	ion that norma	Ily receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic de	escribed in
				omplete Part II.)							
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		An organizati	ion that norma	Illy receives: (1) more	e than 33 1/3% of its supp	port from o	contributio	ns, membersł	nip fees, an	d gross	receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	rom gro	ss investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter Jun	e 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)							
11		0	•	•	ively to test for public sat						
12		-	-	-	ively for the benefit of, to				-		
					ed in section 509(a)(1) o					Check th	e box in
		7	-	• •	of supporting organization		-		-		
а					supervised, or controlled	• • •	-				
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	J
_		¬ -		complete Part IV, Se							
b				-	d or controlled in connect			-		-	
			•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
_		¬ ~		t complete Part IV,				un al fu un attinum al		ما النابي الم	
с			-	•	g organization operated				ly integrate	a with,	
d		¬ ··	•	.,.	b). You must complete F				tod organi-	ration(a)	
d			-		porting organization oper zation generally must sat				-		
			,	0 0	mplete Part IV, Sections	,			anallenin	eness	
е		- ·	·	,	written determination from				II Type III		
Ũ	L		•		nally integrated supporti			rype i, rype	n, rype m		
f	Ente	-	of supported of			•••					
g				n about the supporte							
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount or	fmonetary	(vi) A	mount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support	(see instructions)
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE 71

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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	366,687.	636,229.	831,123.	866,051.	1609001.	4309091.			
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	366,687.	636,229.	831,123.	866,051.	1609001.	4309091.			
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)						130,539.			
	Public support. Subtract line 5 from line 4.						4178552.			
	Section B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	366,687.	636,229.	831,123.	866,051.	1609001.	4309091.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	1,445.	1,367.	646.	198.	146.	3,802.			
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					25 124	25 4 2 4			
	assets (Explain in Part VI.)					35,134.	35,134.			
11							4348027.			
12	Gross receipts from related activities,	•	,				<u>,125,905.</u>			
13	First five years. If the Form 990 is for	-			•		. —			
Sal	organization, check this box and stor						·····			
	ction C. Computation of Publi		-	- (1)			96.10 %			
14	Public support percentage for 2018 (I					14	05 05			
15	Public support percentage from 2017 33 1/3% support test - 2018. If the c					15				
108		0		,		,				
h	stop here. The organization qualifies 33 1/3% support test - 2017. If the organization qualifies 4 and									
L										
170	and stop here. The organization qual 10% -facts-and-circumstances test					and line 14 is 10%				
178	and if the organization meets the "fac	•								
	•					0	. —			
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	-		• • • •	•					
Ľ		-								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the									
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 19									
	Schedule A (Form 990 or 990-EZ) 2018									

Schedule A (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				_		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	anization,
<u></u>	check this box and stop here				<u></u>		
	ction C. Computation of Publi					1 1	
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20 Investment income percentage from			ine 13, column (f))		17 18	<u>%</u> %
	33 1/3% support tests - 2018. If the						ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18						990 or 990-EZ) 2018
			15	5		-	-

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Schedule A (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE

1

2

3a

3b

Yes No

Part IV Supporting Organizations

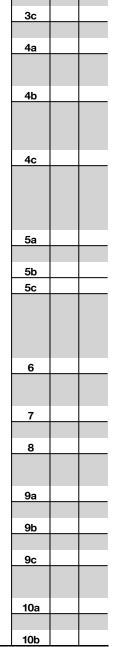
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

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832024 10-11-18



Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE 71-0879090 Page 5 Part IV Supporting Organizations (continued) 71-0879090 Page 5

			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		165	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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	dule A (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM Li			71-0879090 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 (explain i	n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE

Fai	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018	B NATIONAL	CRIME	VICTIM	LAW	INSTITUTE	71-08790	90 Page 8
Part VI	Supplemental Infor	mation. Provid	de the explana	ations required	l by Part	II, line 10; Part II, line	e 17a or 17b; Part III, line	12;
	Part IV, Section A, lines 1	l, 2, 3b, 3c, 4b, 40	c, 5a, 6, 9a, 9	b, 9c, 11a, 11t	o, and 11	Ic; Part IV, Section E	3, lines 1 and 2; Part IV, S 1; Part V, Section B, line	ection C,
	Section D, lines 5, 6, and	8; and Part V, Se	ection E, lines	2, 5, and 6. Al	, 20, 3a, so comp	plete this part for any	additional information.	ie, Fait V,
	(See instructions.)					-		
832028 10-11-1	8			~ ~		:	Schedule A (Form 990 or	990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2018

Employer identification number

71-087909	0	
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	NATIONAL CRIME VICTIM LAW INSTITUTE
Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	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

X 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 for an *exclusively* set is the set in the parts when 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 for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

71-0879090

NATIONAL CRIME VICTIM LAW INSTITUTE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>902,161.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,033.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$57,481.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$48,438.	Person X 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

Employer identification number

71-0879090

NATIONAL CRIME VICTIM LAW INSTITUTE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)				Page 4
Name of o	rganization				Employer identification number
NATIO	NAL CRIME VICTIM LAW INS	STITUTE			71-0879090
Part III		ions to organizations desc) through (e) and the follow	ina line entry. For o	organizations	that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.	· •	- 、	,
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held
		(c) Tropp	for of sift		
	Transferee's name, address, a		fer of gift	elationshin of tra	ansferor to transferee
·					
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held
·		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held
·		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
				Oshe da i	B (Earm 990, 990-E7, or 990-EE) (2018)

Z, or 990-PF) (

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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

	NATIONAL CRIME VICTIM LAW INSTITUTE	7	1-08790	90
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 52	27 orgar	ization.	
2 3	Volunteer hours for political campaign activities			
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	🕨 💲 🔜		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No
4a	Was a correction made?		Yes	No No
k) If "Yes," describe in Part IV.			
Pa	art I-C Complete if the organization is exempt under section 501(c), except section 5	501(c)(3)	•	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	►\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527			
	exempt function activities	▶\$		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			
	line 17b	▶\$		
4	Did the filing organization file Form 1120-POL for this year?		Yes	No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to made navyments. For each organization listed, enter the amount paid from the filing organization's funds. Also en	which the		

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018						879090 Page 2	
Part II-A Complete if the org section 501(h)).	janization	is exem	ipt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
	tion bolongo	to on offili	atad aroun (and list in	Dort IV analy offiliated	arous mombor's some		
	-		÷ · ·	Part IV each affiliated	group member's name	e, address, Elin,	
expenses, and shar			• •	defense en el c			
<u> </u>	its on Lobbyi		d "limited control" pro ditures	visions apply.	(a) Filing	(b) Affiliated group	
	-	• •	nts paid or incurred.)		organization's totals	totals	
1a Total lobbying expenditures to influ	uence public	opinion (g	rass roots lobbying)				
b Total lobbying expenditures to influ	uence a legisl	ative body	y (direct lobbying)		1,506.		
c Total lobbying expenditures (add li	ines 1a and 1	o) (o			1,506.		
d Other exempt purpose expenditure	es				1,890,203.		
e Total exempt purpose expenditure	es (add lines 1	c and 1d)			1,891,709.		
f Lobbying nontaxable amount. Ente	er the amount	from the	following table in both	n columns.	244,585.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	oying nontaxable amo	ount is:			
Not over \$500,000	Not over \$500,000 20% of the amount on line 1e.						
Over \$500,000 but not over \$1,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,000,000 but not over \$1,5							
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.			
Over \$17,000,000 \$1,000,000.							
g Grassroots nontaxable amount (en	61,146.						
h Subtract line 1g from line 1a. If zero	o or less, ente	er -0			0.		
i Subtract line 1f from line 1c. If zero	o or less, ente	r -0			0.		
j If there is an amount other than zer	ro on either li	ne 1h or li	ne 1i, did the organiza	tion file Form 4720	-		
reporting section 4911 tax for this	year?					Yes No	
			raging Period Under	.,			
(Some organizations the second s			1(h) election do not h te instructions for lin		of the five columns be	low.	
	Lobbyi	ng Expen	ditures During 4-Yea	r Averaging Period	[[
Calendar year (or fiscal year beginning in)	(a) 20 [.]	15	(b) 2016	(c) 2017	(d) 2018	(e) Total	
2a Lobbying nontaxable amount	127,	864.	170,588.	178,978.	244,585.	722,015.	
b Lobbying ceiling amount (150% of line 2a, column(e))						1,083,023.	
c Total lobbying expenditures	8,	999.	3,583.	1,506.	1,506.	15,594.	
d Grassroots nontaxable amount	31,	966.	42,647.	44,745.	61,146.	180,504.	
e Grassroots ceiling amount							
(150% of line 2d, column (e))						270,756.	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE 71-0879090 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	Νο	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	'No," OR	(b) Part		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
	Current year				
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the reasonable estimate of nondeductible lobbying and portion of the reasonable estimate of nondeductible lobbying and portion of the reasonable estimate of nondeductible lobbying and portion of the reasonable estimate of nondeductible lobbying and portion of the exceeds the reasonable estimate of nondeductible lobbying and portion of the exceeds the reasonable estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the exceeds the estimate of nondeductible lobbying and portion of the estimate of nondeductible lobbyin				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D)
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Department of the Treasury

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.



Internal Revenue Service	
Name of the organization	on

NATIONAL CRIME VICTIM LAW INSTITUTE

Employer identification number 71 - 0879090

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 v		ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ıre
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing con-	servation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
~		tist the menuinements of section 170	
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion s intancial statements that describes	the organization's accounting for
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	, i
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
			N A
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		\$
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

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Sche		L CRIME VI)879090		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical	Treasures, o	r Other	Similar Asse	ets _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of t	he following that	are a sigr	nificant use of it	s collection	items	
	(check all that apply):									
а	Public exhibition	c	1 🗌	Loan or	exchange progra	ams				
b	Scholarly research	e	• 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how t	hey furthe	er the organizatio	n's exem	ot purpose in Pa	art XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, h	istorical t	reasures, or othe	er similar a	issets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	inization's	s collection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if th	e organiz	ation answered '	'Yes" on F	orm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribut	ions or other ass	sets not in	cluded			_
	on Form 990, Part X?						[Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow c	r custodial acco	unt liability	/?	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it	f the organization ar	Iswered	"Yes" or						
		(a) Current year	(b)	Prior year	r (c) Two year	rs back 🚺	d) Three years ba	ck (e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current		e (line 1	g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation the	at are hel	d and administer	ed for the	organization	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule	R?			3b		
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm				_					
	Complete if the organization answered									
	Description of property	(a) Cost or c			Cost or other	• •	cumulated	(d) Book	value	e
		basis (investr	nent)	sa	isis (other)	depi	reciation			
	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment				10 000		10 000			0
	Other				18,000.		18,000.			0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colui	mn (B), lir	ne 10c.)		·····		.	0.
							Sched	ule D (Form	990)	2018

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) Closely-held equity interests (a) (b) (c) (c) (A) (c) (c) (c) (c) (B) (c) (c) (c) (c) (C) (c) (c) (c) (c) (C) (c) (c) (c) (c) (B) (c) (c) (c) (c) (C) (c) (c) (c) (c) (D) (c) (c) (c) (c) (c) (B) (c) (c) (c) (c) (c) (c) (C) (c) (c) (c) (c) (c) (c) (c) (C) (c) (c) (c) (c) (c) <	
(a) Description of security or Category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Closely-held equity interests (c) (c) (c) (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (a) Closely-held equity interests (c) (c) (b) Book value (c) (c) (c) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value	9L
(1) Financial derivatives (1) (2) Closely-held equity interests (2) (3) Other (3) (A) (4) (B) (7) (C) (7) (D) (7) (E) (7) (G) (7) (H) (7) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(2) Closely-held equity interests	
(3) Other	
(A) (B) (B) (C) (C) (D) (D) (E) (E) (E) (F) (C) (G) (C) (H) (C) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(B) (C) (C) (D) (D) (E) (F) (E) (G) (G) (H) (C) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(C) (D) (D) (E) (E) (E) (G) (G) (H) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(D) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(F) (G) (H) (Interpretation of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment	
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(1)	Je
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description (b) Book value	e
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(1) recertain income taxes (2) DUE TO LEWIS & CLARK COLLEGE 476,139.	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 476, 139. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	

NATIONAL CRIME VICTIM LAW INSTITUTE

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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	INSTITU			0879090 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,823,948.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments				
b Donated services and use of facilities	2 b	240.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	41,226.		
e Add lines 2a through 2d			2e	41,466.
3 Subtract line 2e from line 1			3	1,782,482.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,782,482.
Part XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returr	n.
				••
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements	2a.		1	 1,952,703.
	2a.		· · · · ·	
1 Total expenses and losses per audited financial statements	2a.		· · · · ·	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	2a. 2a		· · · · ·	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	2a. 2a 2a	240.	· · · · ·	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 	2a. 2a 2b 2c		· · · · ·	1,952,703.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 	2a. 2a 2b 2c 2d	240.	· · · · ·	1,952,703.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 	2a. 2a 2b 2c 2c 2d	240.	1	1,952,703.
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	2a. 2a 2b 2c 2c 2d	240.	1 2e	1,952,703.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 	2a. 2a 2b 2c 2d	240.	1 2e	1,952,703.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2a. 2a 2b 2c 2d 2d	240.	1 2e	1,952,703.
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	2a. 2a 2b 2c 2d 4a 4b	240.	1 2e	<u>1,952,703.</u> <u>41,466.</u> <u>1,911,237.</u> 0.
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	2a. 2a 2b 2c 2d 2d 4a 4b	240.	1 2e 3	1,952,703.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISION OF FASB ASC TOPIC OF ACCOUNTING F	OR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'	S
TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS TH	АТ
REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS	
OF THIS TOPIC.	

SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT

REVENUES

41,226.

Schedule D (Form 990) 2018

PART XII, LINE 2D - OTHER	ADJUSTMENTS:
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PART XI, LINE 2D - OTHER ADJUSTMENTS:

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Schedule D (Form 990) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE Part XIII Supplemental Information (continued)	71-0879090 Page 5
continued)	
SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT	
REVENUES	41,226.
	,
	Cale adula D (Farma 000) 004

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)) 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.						or if the	2018
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest informati	on.	Employer id	Inspection entification number
	NATIONA	L CRIME VICTIM LAW					71-0879	090
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
· · ·	complete this part	ed funds through any of the followin	a activ	ities (Check all that apply			
a Mail solicitat	-		-		overnment grants			
b Internet and	email solicitations	f Solicitat	tion of	gover	nment grants			
c 🔄 Phone solici	tations	g 🔛 Special	fundra	lising	events			
d In-person so								
		or oral agreement with any individual				tees,		
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			e e	ho fur	Ye 🛄 Ye	
compensated at le	•			agreer				0
			(;;;)	Dist		60	Amount paid	1
(i) Name and addres		(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	tò (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (func	Iraiser)		or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
						<u> </u>		
						<u> </u>		
						<u> </u>		
		n is registered or licensed to solicit o	ontrib		or has been notified	litic	exempt from r	
or licensing.	ch the organizatio				of has been notified	11 13 0	exemptitionin	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE 71-0879090 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.EZ lines 1 and 6h List events with gross eceints greater than \$5,000

			(a) Event #1 VOICES FOR JUSTICE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	39,760.			39,760
	2	Less: Contributions	11,000.			11,000
	3	Gross income (line 1 minus line 2)	28,760.			28,760
	4	Cash prizes				
ses	5	Noncash prizes				
pens	6	Rent/facility costs	2,307.			2,307
Direct Expenses	7	Food and beverages	3,439.			3,439
בו	8	Entertainment				
		Entertainment Other direct expenses				35,480
		Direct expense summary. Add lines 4 through			>	41,226
		Net income summary. Subtract line 10 from I			•	-12,466
Hevenue	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c
<i>"</i>		Cash prizes				
oense		Noncash prizes				
Direct Expenses	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)		►	
	0	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
	0	The gaming income summary. Subtract line r				1
		er the state(s) in which the organization conduce the organization licensed to conduct gaming a				Yes
		No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes N

Sch	edule G (Form 990 or 990-EZ) 2018 NATIONAL CRIME VICTIM LAW INSTITUTE 71-0	879090	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
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	13a	%
	a 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 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	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:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9, (9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		55, 165,
83000	83 10-03-18 Schedule G (Forn	1 990 or 000	-F7\ 2019
00208	36		, 2010

Schedule Q (Form 990 or 990-E2) NATIONAL CRIME VICTIM LAW INSTITUTE 71-0879090 Page 4 Part V Supplemental Information (controled)	Schedule G	(Form 990 or 990-EZ)	NATIONAL	CRIME	VICTIM	LAW	INSTITUTE	71-0879090	Page 4
	Part IV	Supplemental Infor	mation (continue	ed)					
Stackda 0 firm 000 or 000 F7									
Schedule 0. Error 900 or 900 o									
Schedule 0 Error 900 or									
Schedule G Eerry 900 or									
Schedule 0. Error 900 or 900 o									
Schedule & Grow 900 or 900.57									
Schedula & JError 900 or 901.571									
Schadula G (Ever 900 or 900 E7)									
Schadula & Error 900 or 900 or 900 T									
Schadula & Error 900 or 900 T									
Schedula & Erzer 901 or 9000 or 901 o									
Schardula & Erym 900 or 900 T									
Schadula & (Earm 900 or 900 E7)									
Scharlus G (Form 900 or 900 E7)									
Schadula G (Form 900 or 900 E7)									
Schadula & JEarn 900 or 900.E7									
Schadula & (Form 900 or 900 F7)									
Schadula G (Form 900 or 900 F7)									
Schedule G (Form 900 or 900 FT)									
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Schadula & (Form 00) or 000.F7)									
Schadula & Energ 990 or 900-E71									
Schadula & /Earm 000 or 000-E71									
Schadula 6 (Earm 900 or 900.E7)									
Schedule & (Form 900 or 900-E7)									
Schadula & /Eorm 990 or 990-E71									
Schadula G (Form 990 or 990-E7)									
Schedule & /Earm 900 or 900-E71									
Schadula G (Earm 000 or 000-E7)									
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Schedule & (Form 900 or 900-E7)									
Schedule G (Form 900 or 900-E7)									
Schedule G (Form 990 or 990-E7)									
Schedule G (Form 990 or 990-E7)									
Schedule G (Form 990 or 990-E7)									
Schedule G (Form 990 or 990-E7)									
Schedule G (Form 990 or 990-E7)									
Schedule & (Form 990 or 990_F7)									
Schedule G (Form 990 or 990_F7)									
Schedule & (Form 990 or 990_F7)									
Schedule G (Form 990 or 990-E7)									
Schedule G (Form 000 or 000-E7)									
								Schedule G (Form 990 or	990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

NATIONAL CRIME VICTIM LAW INSTITUTE

71-0879090

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TECHNICAL ASSISTANCE NATIONWIDE TO GROUPS CREATING AND OPERATING VICTIM

LEGAL ASSISTANCE NETWORKS AS PART OF A NATIONAL DEMONSTRATION PROJECT

DESIGNED TO ENSURE SURVIVORS HAVE ACCESS TO HOLISTIC, WRAPAROUND LEGAL

SERVICES AT NO COST. NCVLI ALSO CONTINUED ITS INITIATIVE TO PROVIDE

TRAINING AND TECHNICAL ASSISTANCE TO GROUPS CREATING AND OPERATING

VICTIM LEGAL ASSISTANCE PROJECTS THAT LEVERAGE TECHNOLOGY TO INCREASE

ACCESS TO LEGAL SERVICES. FINALLY, NCVLI LAUNCHED A NEW INITIATIVE TO

SUBGRANT TO AND PROVIDE TRAINING AND TECHNICAL ASSISTANCE TWO SIX (6)

LEGAL CLINICS THAT FOCUS ON RIGHTS ENFORCEMENT.

SECOND, NCVLI RESPONDED TO MORE THAN 100 REQUESTS FOR LEGAL TECHNICAL ASSISTANCE (I.E., LEGAL RESEARCH, WRITING, AND STRATEGIC LITIGATION ADVICE) FROM 26 DIFFERENT JURISDICTIONS AND FILED AMICUS CURIAE (FRIEND OF THE COURT) BRIEFS IN 8 CASES ACROSS THE COUNTRY.

NCVLI CONTINUED TO DEVELOP AND MAINTAIN ITS MEMBERSHIP ALLIANCE THIRD, THE NATIONAL ALLIANCE OF VICTIMS' RIGHTS ATTORNEYS & ADVOCATES (NAVRA), WHICH HAS MEMBERSHIP OF MORE THAN 1,900 ATTORNEYS, ADVOCATES, AND STUDENTS, HAILING FROM 49 STATES, THE DISTRICT OF COLUMBIA, GUAM PUERTO RICO, VIRGIN ISLANDS, ISRAEL, THE UNITED KINGDOM AND CANADA. NAVRA PROMOTES THE EXCHANGE OF KNOWLEDGE AND RESOURCES TO FOSTER A NATIONAL NETWORK OF SKILLED ATTORNEYS AND ADVOCATES TO REPRESENT AND ASSIST CRIME VICTIMS IN THE CRIMINAL JUSTICE SYSTEM. NAVRA HAS A DEDICATED WEBSITE (WWW.NAVRA.ORG) WITH SEARCH DATABASES OF CASES, SAMPLE PLEADINGS AND LEGAL MEMORANDA. NAVRA ALSO ROUTINELY SPONSORS Schedule O (Form 990 or 990-EZ) (2018) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

832211 10-10-18

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ADVANCED LEARNING OPPORTUNITIES FOR VICTIM ADVOCATES. EDUCATION IS ALSO
ACHIEVED THROUGH PARTNERSHIPS; A KEY PARTNER AGAIN THIS YEAR WAS THE
INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE WHICH RESULTED IN NCVLI
TRAINING LAW ENFORCEMENT ON VICTIMS' RIGHTS IN SIX JURISDICTIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WILL BE DISTRIBUTED FOR THE FULL BOARD'S REVIEW PRIOR TO FILING.
COMMENTS WILL BE SOLICITED BY E-MAIL. THE BOARD CHAIR WILL APPROVE PRIOR
TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
NCVLI'S BY-LAWS SPECIFY A CONFLICT OF INTEREST POLICY. THE BOARD OF
DIRECTORS REVIEWS THE BY-LAWS REGULARLY AND INDIVIDUAL MEMBERS SIGN AN
AGREEMENT WHICH MAKES THE KNOWLEDGE OF SUCH AN EXPECTATION PART OF THEIR
ROLE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE METHODS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR, EVERY
OTHER YEAR, A FULL 360 DEGREE REVIEW OCCURS REGARDING COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

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NATIONAL CRIME VICTIM LAW INSTITUTE

ONLINE CONTINUING LEGAL EDUCATION (CLE) OPPORTUNITIES.

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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number 71-0879090

Schedule O (Form 99	0 or 990-EZ) (20	18)					Pag
Name of the organiz	ation NATIO	ONAL CRIME	VICTIM L	AW INS	TITUTE		Employer identification numb $71 - 0879090$
THE PROCES	S HAG NOT	CHANGED	гр∩м тнг	DRTOR	VFAD		
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32212 10-10-18						Schedu	ıle O (Form 990 or 990-EZ) (20
				10		25.1000	

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number					
Туре о	r Name of exempt organization or other filer, see instru	Employer identification number (EIN) or					
print							
File by th	NATIONAL CRIME VICTIM LAW			71-0879090			
due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, s	Number, street, and room or suite no. If a P.O. box, see instructions. 1130 SW MORRISON STREET, NO. 200			Social security number (SSN)		
instructio		oreign addi	ress, see instructions.				
Enter t	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Application Return Application						Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)	09			
Form 9	90-PF	04	Form 5227	10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 9	90-T (trust other than above)	06	Form 8870	1			
 If th box 1 1 t 1 	request an automatic 6-month extension of time until he organization named above. The extension is for the org ▶ calendar year or	Group Exe and atta APR anization's , an	mption Number (GEN) ch a list with the names and EINs of <u>IL 15, 2020</u> , to file return for: d ending <u>MAY 31, 2019</u>	If this is fo all memb	r the whole ers the extent opt organiza	group, check this	
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	3a	\$	0.			
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069		- -				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.	
	n: If you are going to make an electronic funds withdrawal			453-EO an	d Form 887	9-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2019)	