## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A       For the 2019 calendar year, or tax year beginning       Oct 1       , 2019, and ending       Sep 30       , 2020         B       Check if applicable:       C Name of organization Judge David L. Bazelon Center For Mental Health Law       D Employer identified         A Address change       Doing business as       23-7268143         Name change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial return       1101 15th Street NW       1212       (202) 467-57         Final return/terminated       City or town, state or province, country, and ZIP or foreign postal code       Visite       Visite	230 30 , 331 , 479 . □ Yes ⊠ No
Address change       Doing business as       23-7268143         Name change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial return       1101 15th Street NW       1212       (202)467-57	30 ,331,479. □Yes ⊠No
Name change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial return       1101 15th Street NW       1212       (202)467-57	30 ,331,479. □Yes ⊠No
Initial return         1101 15th Street NW         1212         (202)467-57	30 ,331,479. □Yes ⊠No
	,331,479.
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code	Yes X No
	Yes X No
Amended return Washington, DC 20005 G Gross receipts \$2	
Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates?	
Holly O'Donnell, 1101 15th Street NW, Washingtonn, DC 20005 H(b) Are all subordinates included?	
I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instru	ictions)
J Website: ► N/A H(c) Group exemption number ►	
K       Form of organization:       X       Corporation       Trust       Association       Other ►       L       Year of formation:       1972       M       State of legal dom	icile: DC
Part Summary	
1 Briefly describe the organization's mission or most significant activities: The objectives of the Bazelon Center are to protect the le	
and children with mental disabilities and to improve their access to appropriate care, treatment, education	on, housing,
and children with mental disabilities and to improve their access to appropriate care, treatment, education         employment, and other support.         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net as         3       Number of voting members of the governing body (Part VI, line 1a)	
2 Check this box <b>b</b> if the organization discontinued its operations or disposed of more than 25% of its net as	
3    Number of voting members of the governing body (Part VI, line 1a)    3	14
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5	6
6 Total number of volunteers (estimate if necessary)	0
	0.
b         Net unrelated business taxable income from Form 990-T, line 39         .         .         .         7b	0.
	ent Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	,260,551.
9       Program service revenue (Part VIII, line 2g)	781,779.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	269,074.
11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         64, 333.	20,075.
	,331,479.
13       Grants and similar amounts paid (Part IX, column (A), lines 1–3)          14       Demolity paid to an formation (Dent IX, column (A), lines 1–3)	
14       Benefits paid to or for members (Part IX, column (A), line 4)	000 550
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>1,436,086</u> .	877,559.
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       1,436,086.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       43,223.         b       Total fundraising expenses (Part IX, column (D), line 25)       205,505.         17       Other expenses (Part IX, column (A), line 211e, 11d, 11f, 24e)       728,859.	
b       Total fundraising expenses (Part IX, column (D), line 25) ▶       205,505.         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       728,858.	402 502
	492,503.
	,370,062.
	961,417. of Year
<b>20</b> Total assets (Part X, line 16)       3,965,304.       5 <b>21</b> Total liabilities (Part X, line 26)       369,244.       369,244.	<u>,174,017.</u> 274,807.
<b>21</b> Total habilities (Part A, life 20)	<u>274,807.</u> ,899,210.
<b>2 2</b> Net assets or fund balances. Subtract line 21 from line 20       3,596,060.       4 <b>Part II</b> Signature Block	, UID, CIU.

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

			C	2/12/2021							
Sign	Signature of officer		Da	ate							
Here	Holly O'Donnell, President and CEO										
	Type or print name and title										
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN						
Preparer	JAVIER GOLDIN			self-employed	P01019482						
Use Only	Firm's name ► GOLDIN GROUP LL		Firm's EIN ► 26-4694278								
	Firm's address ► 4641 MONTGOMERY	AVE STE 515, BETHESDA, M	ID 20814 Pho	one no. (301)9	913-0008						
May the IRS discuss this return with the preparer shown above? (see instructions)											
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 10/27/20 PRO Form 990 (2019)											

Form 99	0 (2019) Page <b>2</b>
Part	Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The objectives of the Bazelon Center are to protect the legal rights of adults
	and children with mental disabilities and to improve their access to appropriate care, treatment, education, housing,
	employment, and other support.
2	Did the organization undertake any significant program services during the year which were not listed on the
L	prior Form 990 or 990-EZ?
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 \$123,305. including grants of \$0. ) (Revenue \$0. )
	Ensuring Access to opportunity - people with mental disabilities are
	entitled to exercise all the rights, benefits, and responsibilities
	of citzenship. Quality services and support in the community can
	enable them to participate equally with others and residents of
	neighborhoods and members of families, to contribute as part of the
	workforce and to enjoy the social, recreational, political, educational,
	and cultural benefits of community life. Services in stable family or family-like
	settings allow children with mental health needs to realize their potential
41-	
4b	(Code: ) (Expenses \$ 561,723. including grants of \$ 0.) (Revenue \$ 0.)
	Holding public systems accountable for the safety and welfare of the people they serve - people with mental disabilities should not be separated
	they serve - people with mental disabilities should not be separated from families, friends, and communities, nor should they be consigned to correctional
	facilities or other institutional settings because the mental health
	system has failed to help them. Children must not be deprived of educational
	services as punishment for behavior associate with mental
	or emotional disability, and families should not have to relinquish custody
	of children with emotional disorders in order to access needed treatment.
	The bazelon center is committed to the idea that people with mental disabilities should
	not be punished for the system's failures to provide access to the resources
	they need for stable lives and meaninful participation in the community.
4c	(Code:) (Expenses \$178,107. including grants of \$0.) (Revenue \$0.)
	Promoting Self Determination - the Bazelon Center is a leader in promoting community integration and self-determination
	for people with mental disabilities. Our advocacy protects the right
	of self-determination for those with mental disabilities by
	securing access to needed services, so children and adults with mental disabilities
	can lead their own lives as full members of the community.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 13,702. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses ►         876,837.           REV 10/27/20 PRO         Form 990 (2019)
	Form <b>990</b> (2019)

Form 99	0 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		××
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i> .	23	×	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	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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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b>									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a		×						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		×						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
-	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	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								
	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?	16								
	If "Yes," complete Form 4720, Schedule O.									

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		Vee	Na
1a	Enter the number of voting members of the governing body at the end of the tax year   <b>1a</b>   14		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-		
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 14	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		×
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		××
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?       . <td>13</td> <td>×</td> <td></td>	13	×	
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	~	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
2	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
<u></u>	organization's exempt status with respect to such arrangements?	16b		
<u>Secti</u> 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 stm	+		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-		tion F	501(~)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website			501(C)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Anica Davis, 1101 15th Street Suite 1212 NW, Washington, DC 20005 (202)467-5730

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)										
(A)	(B)	(do n	ot of		ition	a than (	200	(D)	(E)	(F)		
Name and title	Average		do not check more than one box, unless person is both an					Reportable	Reportable	Estimated amount		
	per week	hours ber week officer and a director/tru				1	<u> </u>	compensation from the	compensation from related	of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		<sup>-</sup> ormer Highest compensated mployee		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Maria Rodriguez	1.00	-										
Chair		×						0.	0.	0.		
(2) David Apatoff	1.00								-			
Treasurer		×						0.	0.	0.		
(3) Dana Bazelon	1.00	×						0.	0.	0		
Secretary (4) Eileen Bazelon	0.50							0.	0.	0.		
Trustee	0.50	×						0.	0.	0.		
(5) Joyce A. Bender	0.50											
Trustee		×						0.	0.	0.		
(6) Don Bersoff	0.50											
Trustee		×						0.	0.	0.		
(7) Myesha Braden	0.50	-										
Trustee		×						0.	0.	0.		
(8) Christopher Fregiato	0.50								-			
Trustee		×						0.	0.	0.		
(9) Eve Hill	0.50	×							0	0		
Trustee	0.50	^						0.	0.	0.		
(10)Rachel Molly Joseph Trustee	0.50	×						0.	0.	0.		
(11) Sara Kenigsberg	0.50							0.	0.	0.		
Trustee	0.30	×						0.	0.	0.		
(12) Nancy Lane	0.50											
Trustee		×						0.	0.	0.		
(13)Elizabeth B. McCallum Trustee	0.50	×						0.	0.	0.		
(14) Margaret E. OKane	0.50											
Trustee		×						0.	0.	0.		

Part VII Section A. Officers, Directors,	Trustees,	Key l	Emp	ploy	yee	s, an	d H	lighest Compe	nsated Emplo	yees (c	ontin	ued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	Pos neck ss pe	rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimat of comp	other ensatio m the zation a	on and
(15) Harvey Rosenthal	0.50					ted						
Trustee	0.50	×						0.	0.			0.
(16) Prof. Elyn R. Saks	0.50											
Trustee		×						0.	0.			0.
(17)Joshua D Verdi Trustee	0.50	×						0.	0.			0.
(18) Sarah Vinson	0.50											
Trustee		×						0.	0.			0.
(19)Glenda Wrenn Trustee	0.50	×						0.	0.			0.
(20) Holly O'Donnell CEO	37.50	-		×				175,002.	0.			0.
(21)		-										
(22)		-										
(23)		-										
(24)		-										
(25)		-										
1b Subtotal		L					►	175,002.	0.			0.
c Total from continuation sheets to Part												
d Total (add lines 1b and 1c)								175,002.	0.			0.
2 Total number of individuals (including bu reportable compensation from the organ	t not limited				ed		e) w	ho received mor	e than \$100,000	of		
						-					Yes	No
<b>3</b> Did the organization list any <b>former</b> employee on line 1a? If "Yes," complete							-	oyee, or highes		3	×	
4 For any individual listed on line 1a is the												

- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*.....
- **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	o those listed above) who	

4

5

х

×

Part VIII Statement of Revenue

Part	. VIII	Statement of Revenue Check if Schedule O contains a respon	nse or note to ar	ny line in this Pa	art VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ъ С С С	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d		_			
a, G	е	Government grants (contributions) 1e	355,103.	_			
Sil	f	All other contributions, gifts, grants,					
buti		and similar amounts not included above <b>1f</b>	905,448.	-			
t rik	g	Noncash contributions included in lines 1a–1f	<b>A</b> 10 440				
Cor	h	lines 1a–1f .         1g           Total. Add lines 1a–1f .         .		1,260,551.			
			Business Code	1,200,331.			
e	2a	Contract income	999999	24,721.	24,721.	0.	0.
δ	b	Attorney Fees	999999	757,058.	757,058.	0.	0.
jram Ser Revenue	c	Honorarium	999999	0.	0.	0.	0.
am eve	d	Publications	999999	0.	0.	0.	0.
Program Service Revenue	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a–2f		781,779.			
	3	Investment income (including dividend					
		other similar amounts)		269,074.	0.	0.	269,074.
	4	Income from investment of tax-exempt be					
	5	Royalties	►				
	6a	Gross rents 6a 20,075.	()	-			
	b	Less: rental expenses <b>6b</b>		-			
	c	Rental income or (loss) 6c 20,075.		-			
	d	Net rental income or (loss)		20,075.	0.	0.	20,075.
	7a	Gross amount from (i) Securities	(ii) Other				2070731
	14	sales of assets		-			
		other than inventory <b>7a</b>					
ne	b	Less: cost or other basis					
evenue		and sales expenses . 7b		_			
	С	Gain or (loss) <b>7c</b>					
er	d	Net gain or (loss)	<u> </u>				
Other R	8a	Gross income from fundraising					
•		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b		-			
	c	Net income or (loss) from fundraising eve	ents 🕨				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activiti	es 🕨				
	10a	3,					
		returns and allowances <b>10a</b>					
	b	Less: cost of goods sold <b>10b</b> Net income or (loss) from sales of invent					
	С		Business Code				
sno	11a		Dusiness Coue				
nue	b						
scellanec Revenue	c						
Miscellaneous Revenue	d	All other revenue					
Σ	e	Total. Add lines 11a–11d	►				
	12		🕨	2,331,479.	781,779.	0.	289,149.
			PEV 10/27/20				Fauna 000 (0010)

Part IX Statement of Functional Expenses

#### Check if Schedule O contains a response or note to any line in this Part IX . **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 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 . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . 718,622. 459,918. 150,911. 107,793. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 67,113. 22,020. 9 104,862. 15,729. 10 Payroll taxes . . . . . . . . 54,075. 34,609. 11,355. 8,111. 11 Fees for services (nonemployees): Management . . . . . . . а Legal . . . . . . . . . . . . . 15,082. 9,652 3,168. 2,262. b С Accounting . . . . . . . . . . . . 73,883. 47,285 15,516. 11,082. d Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . 13 3,379. 710. 507. Office expenses . . . . . . . . 2,162. Information technology . . . . . . 14 31,570. 20,205. 6,630. 4,735. 15 Royalties . . . . . . . . . 103,689. Occupancy . . . . . . . . . . . . 162,015. 34,024. 24,302. 16 Travel . . . . . . . . . . . . 11,120. 7,117. 2,335. 1,668. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 396. 59. 253 84. 202. 144. 962. 616. 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . . 27,181. 17,395. 5,709. 4,077. 22 Depreciation, depletion, and amortization . 23 Insurance . . . . . . . . . . . . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) а b С d All other expenses 25,036. 166,915. 106,823. 35,056. е 25 Total functional expenses. Add lines 1 through 24e 1,370,062. 876,837. 287,720. 205,505. Joint costs. Complete this line only if the 26 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)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2019)

	n 990 (20	,			Page <b>11</b>
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Par	tX (A) Beginning of year		
	1	Cash-non-interest-bearing	225,007.	1	613,487.
	2	Savings and temporary cash investments	290,554.	2	010,107.
	3	Pledges and grants receivable, net	200,001.	3	
	4	Accounts receivable, net	20,855.	4	305,199.
	5	Loans and other receivables from any current or former officer, director,	20,000.		
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s	7	Notes and loans receivable, net	100,000.	7	410,000.
Assets	8	Inventories for sale or use	200,0001	8	110,0001
As	9	Prepaid expenses and deferred charges	6,559.	9	4,671.
	10a	Land, buildings, and equipment: cost or other		-	1,0,11
		basis. Complete Part VI of Schedule D <b>10a</b> 120, 577.			
	b	Less: accumulated depreciation <b>10b</b> 91,513.	44,791.	10c	29,064.
	11	Investments-publicly traded securities	3,118,232.	11	3,787,593.
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets	135,303.	14	
	15	Other assets. See Part IV, line 11	24,003.	15	24,003.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,965,304.	16	5,174,017.
	17	Accounts payable and accrued expenses	48,813.	17	42,070.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iat	~	controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	320,431.	25	232,737.
	26	Total liabilities. Add lines 17 through 25	369,244.	26	274,807.
seor		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	2,513,022.	27	2,687,445.
ñ	28	Net assets with donor restrictions	1,083,038.	28	2,211,765.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	3,596,060.	32	4,899,210.
Ne	33	Total liabilities and net assets/fund balances	3,965,304.	33	5,174,017.
			2,203,301.		

REV 10/27/20 PRO

Form **990** (2019)

Form 99	90 (2019)			Pa	age <b>12</b>
Part					
	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	2,	331,4	179.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	370,0	)62.
3	Revenue less expenses. Subtract line 2 from line 1	3		961,4	<u>1</u> 17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32, column (B))</u>	10	4,	557,4	177 <b>.</b>
Part	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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," of	explain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	1a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. 2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on		
	Schedule O.	-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he		
	Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo t	he		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such				
	REV 10/27/20 PRO		Fc	rm <b>990</b>	(2019)

## Additional information from your Form 990: Return of Organization Exempt from Income Tax

## Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

### **Continuation Statement**

States Where Copy of Return is Required					
CA					
СТ					
DC					
MD					
IL					
NY					
PA					
VA					
WA					

SCHI	EDU	LΕ	Α	
(Form	990	or 99	90-E	Z)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2019

**Open to Public** 

Department of the Treasur
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization	n	Employer identification number				
	Bazelon Center For Mental Health Law	23-7268143				
Part I Reaso	n for Public Charity Status (All organizations must complete this pa	art.) See instructions.				

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8
- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
  - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
  - Enter the number of supported organizations . . . . . . f
  - Provide the following information about the supported organization(s). α

g rionae ale felleting internation						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendary year (or fiscal year beginning in) ►       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         1       Gitts, grants, contributions, and membership fees received, IDO not include any "unusual grants".)       (a) 2018       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         2       Tax revenues levide for the organization's benefit and either paid to or expended on its behalf       (a) 474, 190.       1, 316, 464.       851, 566.       559, 890.       1, 260, 551.       4, 462, 661.         3       The value of services or facilities from sing 40 a governmental unit to the organization without charge       (a) 474, 190.       1, 316, 464.       851, 566.       559, 890.       1, 260, 551.       4, 462, 661.         4       Total, Add lines 1 through 3.       (a) 2016       (b) 2016       (c) 2019       (d) 704.         ach proson (other than a governmental unit to the organization include on line 1, solum 6.       (a) 2016       (c) 2018       (c) 2019       (f) Total         7       Amounts from line 4.       (d) 2016       (c) 2017       (d) 2018       (c) 2019       (f) Total         7       Amounts from line 4.       (d) 2016       (c) 2018       (c) 2019       (f) Total         7       Amounts from line 4.       (d) 2016       (d) 2016       (d)	Secti	on A. Public Support					,	
1       Gifts, grants, contributions, and membership fease received. (Do not include any "unusual grants.")       474, 190. 1, 316, 464.       851, 566.       559, 890. 1, 260, 551. 4, 462, 661.         2       Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf       474, 190. 1, 316, 464.       851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         3       The value of services or facilities furnished by a governmental unit to the organization of total contributions by each person (ofter than generation of total contributions by each person (ofter than exceeds 28 for the anound shown on line 11, column (f).       474, 190. 1, 316, 464.       851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         2       Tax inspace of the anound shown on line 11, column (f).       474, 190. 1, 316, 464.       851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         3       Graces income from interast, dividends, paymental unit to publicly assume the exceeds 28 for the anound shown on line 11, column (f).       474, 190. 1, 316, 464.       851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         4       Public support. Subtract the stored organization in brack.       474, 190. 1, 316, 464.       851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         5       Rection B. Tordi Mupport.       474, 190. 1, 316, 464.       851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         6       Graces income from interast, dividends, payment secles and secles in secles and secles as a secles in secles			<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
include any "unusual grants")       474,190, 1,316,464, 851,566, 559,890, 1,260,551, 4,462,661,         2 Tax revues leviced for the organization's benefit and either paid to or expended on its behalf       4         3 The value of services or facilities turnished by a governmental unit to the organization or total contributions by a governmental unit to the organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f).       4         4 Total. Add lines 1 through 3.       4         5 The point on total contributions by account in the exceeds 28 of the amount shown on line 11, column (f).       4         6 Public support. Subtract line 5 from line 4       4         2 Carlondar year (or fiscal year beginning in )       (a) 2015 (b) 2016 (c) 2017 (c) 2018 (c) 2019 (f) Total         7 Amounts from line 4       4         9 Net income from interest, dividends, payments, whether or not the business is regularly carried on       0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	1							
2       Tax revenues level for the organization's benefit and either paid to or expended on its behalf       1000000000000000000000000000000000000			474 190	1 316 464	851 566	559 890	1 260 551	4 462 661
organization'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          5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)          6       Public support.       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4         (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4         (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4           (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4                         <	2	, , , , , , , , , , , , , , , , , , ,	1,1,190.	1,510,101.	0.51,500.	335,050.	1,200,331.	1,102,001.
to or expended on its behalf	-							
turnished by a governmental unit to the organization without charge		•						
turnished by a governmental unit to the organization without charge	3	The value of services or facilities						
4       Total. Add lines 1 through 3								
5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 25% of the amount shown on line 11, column (f).          6       Public support. Subtract line 5 from line 4       4.462,661.         Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4		organization without charge						
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).       4, 462, 661.         Section B. Total Support       Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       4, 462, 661.       474, 190. 1, 316, 464.       851, 566.       559, 890. 1, 260, 551.       4, 462, 661.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources       286, 777.       463, 159.       498, 483.       315, 178.       269, 074.       1, 832, 671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0.	4	Total. Add lines 1 through 3	474,190.	1,316,464.	851,566.	559,890.	1,260,551.	4,462,661.
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).       4, 462, 661.         Section B. Total Support       Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       4, 462, 661.       474, 190. 1, 316, 464.       851, 566.       559, 890. 1, 260, 551.       4, 462, 661.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources       286, 777.       463, 159.       498, 483.       315, 178.       269, 074.       1, 832, 671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0.	5	The portion of total contributions by						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       4,462,661.         6       Public support. Subtract line 5 from line 4       4,462,661.         Calendar year (or fiscal year beginning in) ►       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       474,190.       1,316,464.       851,566.       559,890.       1,260,551.       4,462,661.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       286,777.       463,159.       498,483.       315,178.       269,074.       1,832,671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0.		each person (other than a						
Ine 1 that exceeds 2% of the amount shown on line 11, column (f).       4       4,462,661.         8       Section B. Total Support.       4,462,661.         Calendar year (or fiscal year beginning in) ►       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       4,462,661.       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       286,777.       463,159.       498,483.       315,178.       269,074.       1,832,671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>								
shown on line 11, column (f).       4,462,661.         6       Public support. Subtract line 5 from line 4       4,462,661.         Calendar year (or fiscal year beginning in) ►       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       .       .       .       474,190.1,316,464.       851,566.       559,890.1,260,551.4,462,661.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .       .       286,777.463,159.498,483.315,178.269,074.1,832,671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on .       .       0.								
6       Public support. Subtract line 5 from line 4       4,462,661.         Section B. Total Support       Calendar year beginning in)       Image: Color Col								
Section B. Total Support         Calendar year (or fiscal year beginning in) ►         (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4	0							4 460 661
Calendar year (or fiscal year beginning in)       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       474,190.1,316,464.       851,566.       559,890.1,260,551.4,462,661.       474,492,661.         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       286,777.463,159.498,483.315,178.269,074.1,832,671.       269,074.1,832,671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on 0. 0.								4,462,661.
7       Amounts from line 4       474, 190. 1, 316, 464. 851, 566. 559, 890. 1, 260, 551. 4, 462, 661.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       286, 777. 463, 159. 498, 483. 315, 178. 269, 074. 1, 832, 671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       286,777.463,159.498,483.315,178.269,074.1,832,671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       286,777.463,159.498,483.315,178.269,074.1,832,671.         9       Net income from unrelated business is regularly carried on       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.								
payments received on securities loans, rents, royalties, and income from similar sources			,	, ,			, ,	
rents, royalties, and income from similar sources       286,777.       463,159.       498,483.       315,178.       269,074.       1,832,671.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0.       <	-							
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li></ul>								
activities, whether or not the business is regularly carried on       0.<		similar sources	286,777.	463,159.	498,483.	315,178.	269,074.	1,832,671.
is regularly carried on 0. <t< th=""><th>9</th><th>Net income from unrelated business</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	9	Net income from unrelated business						
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.)			0.	0.	0.	0.	0.	0.
(Explain in Part VI.)       521.       0.       0.       521.         11       Total support. Add lines 7 through 10       6,295,853.       6,295,853.         12       Gross receipts from related activities, etc. (see instructions)       12       6,295,853.         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         Section C. Computation of Public Support Percentage         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       70.88 %         15       Public support percentage form 2018 Schedule A, Part II, line 14       15       69.64 %         16a       33 <sup>1</sup> / <sub>3</sub> % support test-2019. If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b       33 <sup>1</sup> / <sub>3</sub> % support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         17a       10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. Th	10							
11       Total support. Add lines 7 through 10       6, 295, 853.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       >         2       Section C. Computation of Public Support Percentage       >         14       70.88 %         15       Public support percentage from 2018 Schedule A, Part II, line 14       14       70.88 %         16       331/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         17a       10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         17a       10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop her								
12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       ▶         Section C. Computation of Public Support Percentage       ▶         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       70.88 %         15       Public support percentage from 2018 Schedule A, Part II, line 14       15       69.64 %         16a       33'/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33'/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶       ▼         b       33'/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33'/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶       □         17a       10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the			521.	0.	0.			
<ul> <li>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</li> <li>14 70.88 %</li> <li>15 Public support test—2019. If the organization did not check the box on line 13, and line 14 is 33<sup>1</sup>/<sub>3</sub>% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33<sup>1</sup>/<sub>3</sub>% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33<sup>1</sup>/<sub>3</sub>% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, or 17a, an</li></ul>		ů. V		200)			10	6,295,853.
organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       70.88 %         15       Public support percentage from 2018 Schedule A, Part II, line 14       15       69.64 %         16a       331/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: State St								n = 501(c)(3)
Section C. Computation of Public Support Percentage         14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       70.88 %         15       Public support percentage from 2018 Schedule A, Part II, line 14       15       69.64 %         16a       33 <sup>1</sup> /3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶       ▼         b       33 <sup>1</sup> /3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶       ▼         17a       10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances"	10	-	0					( )( )
14       Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))       14       70.88 %         15       Public support percentage from 2018 Schedule A, Part II, line 14       15       69.64 %         16a       33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶       ▼         b       33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶       ▼         17a       10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization for thec	Secti	-						
<ul> <li>15 Public support percentage from 2018 Schedule A, Part II, line 14</li></ul>					1. column (f))		14	70.88%
<ul> <li>16a 33<sup>1</sup>/<sub>3</sub>% support test-2019. If the organization did not check the box on line 13, and line 14 is 33<sup>1</sup>/<sub>3</sub>% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>	15						15	
<ul> <li>b 33¹/₃% support test – 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10%-facts-and-circumstances test – 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test – 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test – 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>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</li> </ul>	16a						3 <sup>1</sup> /3% or more,	check this
<ul> <li>this box and stop here. The organization qualifies as a publicly supported organization</li></ul>		box and <b>stop here.</b> The organization qua	lifies as a publ	icly supported	organization			🕨 🗙
<ul> <li>17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>	b							
<ul> <li>10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>		this box and <b>stop here.</b> The organization	qualifies as a	publicly suppo	rted organizati	on		🕨 🗖
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b       10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 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	17a							
organization								
<ul> <li>b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>		8			0			
<ul> <li>15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>		-						
<ul> <li>Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	b							
<ul> <li>supported organization</li></ul>								
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						•		
	18							
	.0	8						

Part IIISupport 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	-						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1				-1
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						_
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
h							
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	-			-		
Casti	organization, check this box and <b>stop he</b>						🕨 📘
	on C. Computation of Public Suppor Public support percentage for 2019 (line 8			12 column (fl)		15	%
15 16	Public support percentage for 2019 (inte a Public support percentage from 2018 Sch	, (),	2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%
	on D. Computation of Investment In			<u></u>			70
17	Investment income percentage for <b>2019</b> (I			ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2018			-		18	%
19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2019. If the organi						
-	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this k	oox and <b>stop h</b>	nere. The organi	ization qualifies	as a publicly s	upported org	anization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see inst	ructions 🕨 🗌

#### 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

\_

1	Check here if the organization	satisfied the Integ	ral Part Test as a	qualifying true	st on Nov. 20, 1970 (explair	i in Part VI). <b>S</b>	See
	instructions. All other Type III	non-functionally ir	ntegrated suppor	ting organizati	ions must complete Sectior	ns A through B	Ε.

Section 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		
<b>4</b> 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		
Section 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>b</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		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
Section 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	6		
emergency temporary reduction (see instructions).	0		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

-	V Type III Non-Functionally Integrated 509(a)	) Supporting Oraco:	zations (continued)	Page <b>(</b>
Part		a supporting Organi		
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II I	n 10: Other Income Part II, Line 10 Description: Other income 2015: 521.
2016: 0	0. 2017: 0.

Schedule B	Schedule of Contributors
(Form 990, 990-EZ, or 990-PF)	Attach to Form 990. Form 990-EZ. or Form 990-PF.
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.

#### OMB No. 1545-0047

201	9

Name of the organization	Employer identification number					
Judge David L. Baze	elon Center For Mental Health Law	23-7268143				
Organization type (check one):						
Filers of:	Section:					

Form 990 or 990-EZ	× 501(c)(	3) (enter number) organization
	🗌 4947(a)(1) n	onexempt charitable trust <b>not</b> treated as a private foundation
	527 politica	l organization
Form 990-PF	☐ 501(c)(3) ex	empt private foundation
	🗌 4947(a)(1) n	onexempt charitable trust treated as a private foundation
	501(c)(3) ta:	xable 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**

S

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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 331/3% 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, 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 \$

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).

Cat. No. 30613X REV 10/27/20 PRO For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019) BAA

1 (a)	Combined Jewish Philanthropies 126 High St Boston MA 02110 (b)	\$6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	James & Lara A. Bazelon 2130 Fulton Street San Francisco CA 94117	\$ <u>18,000.</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Jarl Mohn 1111 N Capital St NE Washington DC 20002	\$ <u>7,500.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Law Office of Kenneth Feinberg 1455 Pennsylvania Ave NW #390 Washington DC 20004	\$7,500	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Van Amerigen 509 Madison Ave #2010 New York NY 10022	\$100,000.	Person   Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

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

Judge David L. Bazelon Center For Mental Health Law

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

Employer identification number 23-7268143

(d)

Type of contribution

(c)

**Total contributions** 

Part I	art 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			
_7	Borealis Philanthropy	¢ 25.000	Person 🛛 Payroll 🗌 Noncash 🗌			
	PO Box 3295 Minneapolis MN 55403	\$ <u>25,000.</u>	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Liberty Hill Foundation		Person X Payroll			
	6420 Wilshire Blvd #700	\$50,000.	Noncash			
	Los Angeles CA 90048		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	Phalarope Foundation 25201 Chagrin Blvd Ste 370	\$ 10,000.	Person X Payroll 🗌 Noncash 🗌			
	Beachwood OH 44122	¢	(Complete Part II for noncash contributions.)			
(a)	(b)	(-)				
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Type of contribution Person			
No.	Name, address, and ZIP + 4		Type of contribution     Person     X     Payroll     Noncash			
No.	Name, address, and ZIP + 4 Ford Foundation	Total contributions	Type of contribution     Person     X     Payroll			
No.	Name, address, and ZIP + 4 Ford Foundation 320 E 43rd Street	Total contributions	Person       X         Payroll			
No.	Name, address, and ZIP + 4 Ford Foundation 320 E 43rd Street New York NY 10017 (b)	Total contributions           \$60,000.           (c)	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       Image: Contribution         (d)       Type of contribution         Person       X			
No. 10 (a) No.	Name, address, and ZIP + 4 Ford Foundation 320 E 43rd Street New York NY 10017 (b) Name, address, and ZIP + 4	Total contributions           \$60,000.           (c)	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       Image: Contribution         (d)       Type of contribution         Person       X       Payroll       Image: Contribution         Payroll       Image: Contribution       Image: Contribution			
No. 10 (a) No.	Name, address, and ZIP + 4         Ford Foundation         320 E 43rd Street         New York NY 10017         (b)         Name, address, and ZIP + 4         Richard & Eileen Bazelon	Total contributions         \$       60,000.         (c)         Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contribution			
No. 10 (a) No.	Name, address, and ZIP + 4         Ford Foundation       320 E 43rd Street         320 E 43rd Street	Total contributions         \$       60,000.         (c)         Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         (Complete Part II for noncash       Image: Complete Part II for noncash			
No. 10 (a) No. 11 (a) (a)	Name, address, and ZIP + 4         Ford Foundation         320 E 43rd Street         New York NY 10017         (b)         Name, address, and ZIP + 4         Richard & Eileen Bazelon         One South Broad St Ste 1500         Philadelphia PA 19107	Total contributions         \$	Type of contribution         Person       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contribution         Person       X         Payroll       X         Noncash       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       X         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Person       X			
No. 10 (a) No. 11 (a) No.	Name, address, and ZIP + 4         Ford Foundation       320 E 43rd Street         320 E 43rd Street	Total contributions         \$	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contribution       X         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Type of contribution			

REV 10/27/20 PRO

Judge David L. Bazelon Center For Mental Health Law

Name of organization

Employer identification number

23-7268143

Page 2

New York NY 10022		noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Schulte Roth & Zabel 901 15th St NW Ste 800 Washington DC 20005	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	PersonPayrollDayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
REV 10/27/20 PRO	Schedule B (F	orm 990, 990-EZ, or 990-PF) (20

Washington DC 20001

Margaret O'Kane

NCQA:1100 13th St NW

Washington DC 20005

Milbank Memorial Fund

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)

No.

13

(a)

No.

14

(a)

No.

15

(a) No.

16

(a) No.

\_\_\_\_\_

(a) No. Employer identification number 23-7268143

Person

Payroll

Noncash

Person

Payroll

Person

Payroll

Noncash

(Complete Part II for

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

\$\_\_\_\_\_

5,000.

5,000.

5,000.

\$

\$

(d)

Type of contribution

×

 $\square$ 

X

 $\square$ 

 $\square$ 

X

 $\square$ 

 $\square$ 

Judge David L. Bazelon Center For Mental Health Law

(b)

Name, address, and ZIP + 4

David Apatoff

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

645 Madison Ave #15

Arnold & Porter: 601 Masachusetts Ave NW

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

Judge David L. Bazelon Center For Mental Health Law

Employer identification number 23-7268143

## Part II No

Name of organization

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

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

	Form 990, 990-EZ, or 990-PF) (2019)			Page 4			
Name of org	ganization			Employer identification number			
	avid L. Bazelon Center For			23-7268143			
Part III	(10) that total more than \$1,000 for	r the year from any tions completing Pa	one contributor. art III, enter the tota	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc., ee instructions.) ► \$			
	Use duplicate copies of Part III if add	ditional space is nee	eded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relatior	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
_	(e) Transfer of gift						
-	Transferee's name, address, a	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Trans	fer of gift				
	Transferee's name, address, a	ship of transferor to transferee					
-							
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
-				l			
	Transferee's name, address, a		fer of gift Relatior	nship of transferor to transferee			
F	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE C (Form 990 or 990-EZ)			Political Campaign and Lobbying Activities				OMB No. 1545-0047	
			ganizations Exampt From Incomo	Tax Under contion	501(a) and	d coation E27	2019	
<b>N</b> 0				ations Exempt From Income Tax Under section 501(c) and section 527 the organization is described below. Attach to Form 990 or Form 990-EZ.			2. Open to Public	
Department of the Treasury         Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
If the c	the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then							
		0	Complete Parts I-A and B. Do not con	•				
	<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>							
	• Section 527 organizations: Complete Part I-A only. the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then							
			," on Form 990, Part IV, line 4, or For that have filed Form 5768 (election und					
		-	that have NOT filed Form 5768 (election unc					
		-	," on Form 990, Part IV, line 5 (Proxy					
	ee separate inst			, (		-,	, · _ · · · , · · · · · · · · · · ·	
		i), or (6) orga	anizations: Complete Part III.					
	of organization	- 1	~ ]				tification number	
-			n Center For Mental Hea			23-72681		
Part	-		e organization is exempt und	•	2		•	
1		•	the organization's direct and in- npaign activities")	direct political ca	mpaign ac	livilies in Part	IV. (see instructions for	
2			y expenditures (see instructions) .			► \$		
3		-	cal campaign activities (see instruc			-		
Part	I-B Comp	olete if the	e organization is exempt und					
1		•	excise tax incurred by the organiza			-		
2			excise tax incurred by organization			-		
3	-		ed a section 4955 tax, did it file For	rm 4720 for this ye	ear?		Yes No	
4a	Was a correcti						<b>Yes</b> No	
b Part	If "Yes," descr		e organization is exempt und	er section 501/	n) excent	section 501	(0)(3)	
1	-		ly expended by the filing organiz	•				
•	activities					<b>▶</b> \$		
2	Enter the amo	unt of the	filing organization's funds contrib	outed to other org	anizations	for section		
	527 exempt fu					► \$_		
3		function e	expenditures. Add lines 1 and 2.	. Enter here and	on Form	1120-POL,		
4	line 17b	· · ·		, ?		► ⊅_	Yes No	
4 5	-	-	n file Form 1120-POL for this year' ses and employer identification nur					
5	organization m the amount of	ade payme political co	ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from th delivered t	ne filing organiz o a separate p	zation's funds. Also enter olitical organization, such	
	<b>(a)</b> Name		(b) Address	<b>(c)</b> EIN	filing or	unt paid from 'ganization's none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)	(6)							

Pa	rt	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under	
		Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
В	Ch	neck 🕨		ed box A and "limited control" provisions apply.			
			-	<i>r</i> ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1	la	Total lo	obbying expenditures to influence	public opinion (grassroots lobbying)	0.		
	b	Total lo	obbying expenditures to influence a	a legislative body (direct lobbying)	0.		
	с	Total lo	obbying expenditures (add lines 1a	and 1b)	0.		
	d	Other	exempt purpose expenditures		0.		
	е	Total e	exempt purpose expenditures (add	lines 1c and 1d)	0.		
	f	Lobby	ing nontaxable amount. Enter tl	ne amount from the following table in both			
	_	colum	ns.		0.		
		If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not ove	r \$500,000	20% of the amount on line 1e.			
		Over \$5	00,000 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	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
		Over \$1	7,000,000	\$1,000,000.			
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	0.		
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0.		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0.		
	j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?					

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)		<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total		
2a	Lobbying nontaxable amount	278,497.	258,571.			537,068.		
b	Lobbying ceiling amount (150% of line 2a, column (e))					805,602.		
c	Total lobbying expenditures	276.	5,486.	7,085.	13,702.	26,549.		
d	Grassroots nontaxable amount	69,624.	64,643.			134,267.		
е	Grassroots ceiling amount (150% of line 2d, column (e))					201,401.		
f	Grassroots lobbying expenditures	4,561.	3,757.			8,318.		

REV 10/27/20 PRO

Schedule C (Form 990 or 990-EZ) 2019

## 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)		
	iption of the lobbying activity.	Yes	No	Ar	nount	
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), c	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 the	prior y	/ear?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)		

#### Part IV Supplemental Information

Provide 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

	,		
Part IV	Supplemental	Information	(continued)


(Form 990)       ▶ Complete if the organization answered "Ves" on Form 990.       20 19         Department of the Treasury Memoral Revenue Service.       ▶ Attach to Form 990.       > Attach to Form 990.         Name of the organization       > Go to www.irs.gov/Form990 for instructions and the latest information.       20 01 9         Judge David L. Bazelon Center For Mental Health Law       23 - 7268143       23 - 7268143         PartI Organizations Maintaining Door Advised Funds or Other Similar Funds or Accounts.       (a) Door advised funds.       (b) Funds and other accounts.         1 Total number at end of year	SCHE	DULE D	Supplementa	OMB No. 1545-0047			
Partial P to to www.inc.gov/Form990 for instructions and the latest information. Importional instructions and instructions and the latest information. Import Instructions and instructions and the latest information. Import Instructions and instructions and instructions and the latest information. Import Instructions and instructions and instructions and the latest information. Import Instructions and instructions and instructions and the latest information. Import Instructions and instructions and instructions and the latest information. Import Instructions and instructions and the latest information and the latest information. Import Instructions and instructions and instructions and the instructions and instructions and instructions and instructions and instructions and instructions and instructions in property, subject to the organization informal informs and doors, and doors and doors and doors and doors and door advises in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor in any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor in any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor in any other purpose conferring impermisable purposes and not for the benefit of the donor advisor in any other purpose conferring impermisable purposes and on the organization information of a scriffied historically important land area important.   Partial Conservation Easements. Complete if the organization held a qualified conservation of a historically important land area instoric structure included in (a)	(Form	n 990)	Complete if the org	2019			
Name of the organization         Employer identification unstater           Oudge David L. Bazelon Center For Mental Health Law         23-7266143           Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         (a) Down advised funds           1         Total number at end of year         (a) Down advised funds         (b) Funds and after accounts.           2         Aggregate value of ornitotions to (during year)         (a) Down advisors in writing that the assets held in door advised funds are the organization inform all grantees, doors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor dovisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that apply.         Yes         Not           Part W         Conservation Easements.         Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Yes         Not           Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of a historically important land area (protection of natural habitat         Preservation of a historically important land area (protection of a conservation easements included in (c) acquired affr 7/25/06, and not on a historically important land area (protection of a conservation easements included in (c) acquired affr 7/25/06, and not on a historical writement stordfied, transferred, released, extinguished, or terminated by the organization during that tax year.							
rudge David L. Bazelon Center FOR Mental Health Law       23-726143         Partial Organizations Maintaining Donor Advised Funds or Others Findiar Funds or Accounts.       (e) Dunor advised Tunds       (e) Punds and other accounts         1       Total number at end of year       (e) Dunor advised Tunds       (e) Punds and other accounts         2       Aggregate value of grants from (during year)       (e) Dunor advised Tunds       (e) Punds and other accounts         3       Aggregate value of grants from (during year)       (e) During the accounts       (f) Punds and other accounts         4       Aggregate value of grants from (during year)       (f) Punds and the accounts       (f) Punds and other accounts         5       Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible on your advisors in writing that grant funds.       (f) Punds and the accounts         Complete if the organization answered "Yes" on Form 990, Part IV. line 7.       (f) Purpose(s) of conservation easements.       (f) Preservation of a historically important land area         Preservation of open space       (f) Conservation easements.       (f) Preservation of a cartified historic structure         Preservation of open space       2a       (f) Preservation of a cartified historic structure         Preservation of open space       2a       (f				so for instructions and the latest informa-		ver ide	
Pert1       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year.         4       (a) Donor advised funds         6       (b) Ends and other accounts.         7       Aggregate value of contributions to (during year)       (b) Ends and other accounts.         7       Aggregate value of operations property, subject to the organization's acclusive legal control?       (b) Yeas         8       Obt the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors or for any other purpose conferring impermissible private banefit?       (b) Yes       Nc         9       Did the organization answered "Yes" on Form 990, Part IV, line 7.       (c) Purpose(s) of conservation easements.       (c) Preservation of a chick of the organization fund or public us (for example, recreation or advisor)       (c) Asset (c) A							
1       Total number at end of year       (a) Door advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)	-	5					
1       Total number at end of year			-				
2       Aggregate value of contributions to (during year) .		-	-	(a) Donor advised funds		<b>(b)</b> Fu	nds and other accounts
3       Aggregate value of grants from (during year)	1	Total number a	at end of year				
A adjoregate value at end of year	2						
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li></ul>	3						
funds are the organization's property, subject to the organization's exclusive legal control?	4		-				
G Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	5	-		-			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose       Yes       No         PartII       Conservation Easements.       Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of an ural habitat       Preservation of an expression of a certified historic structure         Protection of natural habitat       Preservation of one space       Preservation of one space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and aday of the tax year.       Preservation of some aday of the tax year.         a       Total number of conservation easements on a certified historic structure included in (a)	6						
Part II       Conservation Easements.       Yes       No         Propose(s) of conservation easements held by the organization (check all that apply).       Preservation of a land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         a       Total number of conservation easements       2b       2c         d       Number of conservation easements       2b       2c         e       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easement is located >       2d         4       Number of states where property subject to conservation easements in located >          5       Does the organization have a written policy regarding of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h/(4)(B)(i) and section 170(h/(4)(B)(i))         4       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement the veator seaments in its revenue and expense	0						
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).					-		
1       Purpose(s) of conservation easements held by the organization (check all that apply).         ☐       Preservation of an for public use (for example, recreation or education)       ☐ Preservation of a historically important land area         ☐       Predection of natural habitat       ☐ Preservation of a certified historic structure         ☐       Preservation of a certified historic structure         ☐       Preservation of a certified historic structure         ☐       Preservation of a certified historic structure         ☐       Preservation of a certified historic structure         ☐       Preservation easements         0       Conservation easements       2a         2       2       2         0       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of structure listed in the National Register       2d         4       Number of states where property subject to conservation easements is located ►       2d         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the yea         ▲	Par						
□       Preservation of land for public use (for example, recreation or education)       □       Preservation of a historically important land area         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         easement on the last day of the tax year.       2a         2 Total number of conservation easements       2b         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a       2d         1 Number of conservation easements included in (c) acquired after 7/25/06, and not on a       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in bidds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the yea         2		Comple	ete if the organization answered "`	Yes" on Form 990, Part IV, line 7.			
□       Preservation of a certified historic structure         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Image: the second	1	Purpose(s) of	conservation easements held by the o	rganization (check all that apply).			
□       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total number of conservation easements		Preservation	of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation or	f a hist	orical	ly important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation     easement on the last day of the tax year.     Total number of conservation easements     Total acreage restricted by conservation easements     Number of conservation easements on a certified historic structure included in (a)     Total acreage restricted by conservation easements     Number of conservation easements included in (c) acquired after 7/25/06, and not on a     historic structure listed in the National Register     Number of sonservation easements modified, transferred, released, extinguished, or terminated by the organization during the     tax year ▶				Preservation o	f a cert	ified I	historic structure
<ul> <li>easement on the last day of the tax year.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements on a certified historic structure included in (a)</li> <li>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li> <li>a Number of states where property subject to conservation easements is located ▶</li> <li>b Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>c Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's decorbe how the organization reports conservation easements in the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?</li> <li>g Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?</li> <li>g In Part XIII, describe how the organization reports conservation easements in the revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar as</li></ul>							
a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements .       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?         9       In Part XIII, describe how the organization reports conservation easements.         9       In Part XIII, describe how the organization reports conservation easements.         9       In Part XIII, describe how the organization reports conservation easements.         9       In Part XIII describe how the organization reports conservation easements.       Immediates statement an	2			d a qualified conservation contributior	ו in the		
b       Total acreage restricted by conservation easements	-				-		Held at the End of the Tax Year
<ul> <li>c Number of conservation easements on a certified historic structure included in (a)</li></ul>	_				-		
d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		-				-	
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►</li></ul>		Number of co	onservation easements included in (		n a		
<ul> <li>Number of states where property subject to conservation easement is located ▶</li></ul>	3	Number of co	-	ferred, released, extinguished, or term	ninated	by th	ne organization during the
<ul> <li>violations, and enforcement of the conservation easements it holds?</li></ul>	4		tes where property subject to conserv	vation easement is located ►			
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the yea \$</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items:     <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> </ul> </li> <li< th=""><td>5</td><td>•</td><td></td><td></td><td></td><td>han</td><td>· _ · · _ · ·</td></li<></ul>	5	•				han	· _ · · _ · ·
<ul> <li>\$</li></ul>	6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	) consei	rvatio	n easements during the yea
<ul> <li>and section 170(h)(4)(B)(ii)?</li></ul>	7		enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conserv	ration	easements during the year
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works or art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works or art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under EASB ASC 958 relating to these items:</li> </ul> </li> </ul>	8						
<ul> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works or art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iv) Assets or art, historical treasures, or othel works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under EASB ASC 958 relating to these items:</li> </ul> </li> </ul>	9	balance sheet	, and include, if applicable, the text of	the footnote to the organization's fina			
<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works or art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> </ul> </li> </ul>		-	-		0.11	<u>.</u>	1 <b>A</b>
<ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works o art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> </ul></li></ul>	Part	-	-		Jther	Simi	lar Assets.
<ul> <li>art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>	1a	of art, historic	al treasures, or other similar assets	held for public exhibition, education,	or res	searcl	h in furtherance of public
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under EASB ASC 958 relating to these items:	b	art, historical t provide the fol	reasures, or other similar assets held lowing amounts relating to these item	for public exhibition, education, or res	earch i	n furt	herance of public service
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under EASB ASC 958 relating to these items:		(i) Revenue in	cluded on Form 990, Part VIII, line 1			. 🕨	► \$
following amounts required to be reported under EASB ASC 958 relating to these items:							
a Revenue included on Form 990, Part VIII, line 1	2	following amo	unts required to be reported under EA	SB ASC 958 relating to these items:			
	_	Assets include	ded on Form 990, Part VIII, line 1 .		• •	. 🕨	• \$ • \$

Schedu	e D (Form 990) 2019							Pa	age <b>2</b>
Part	Organizations Maintaining	Collections of	Art, Histo	rical Tr	reasures,	or Ot	her Similar Ass	sets (continue	əd)
3	Using the organization's acquisition, collection items (check all that apply):		her records	s, check	any of the	follow	ving that make si	gnificant use o	of its
а	Public exhibition		d 🗌	Loan o	r exchange	progr	am		
b	Scholarly research		e 🗌						
с	Preservation for future generations	5		-					
4	Provide a description of the organiza XIII.		and explain	how the	ey further t	he org	anization's exem	pt purpose in	Part
5	During the year, did the organization assets to be sold to raise funds rather								No
Part			anieu as pai		organizatio	11 3 00			110
rait	Complete if the organization		" on Form		art IV line	9 or	reported an am	ount on Form	<b>,</b>
	990, Part X, line 21.								· 
<u>1</u> a									No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the follo	wing tab	ole:				
							An	nount	
С	Beginning balance					1c			
d	5,					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								No
b	, I 9	art XIII. Check her	e if the expl	lanation	has been p	provide	ed on Part XIII .	🛛	
Par			"	000 0	aut IV line	10			
	Complete if the organization						( )) <u>-</u>	() =	
4		(a) Current year	(b) Prior y		(c) Two years		(d) Three years back	(e) Four years ba	
1a ⊾	Beginning of year balance	1,477,639.	1,548,	860.	3,001,7	/85.	2,799,663.	2,556,02	
b	Contributions							1,70	<u> </u>
С	Net investment earnings, gains, and losses		б,	702.	218,0	)47.	346,421.	328,26	57.
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs	85,076.	77,	923.	1,670,9	972.	144,299.	86,33	32.
f	Administrative expenses								
g	End of year balance	1,392,563.	1,477,		1,548,8		3,001,785.	2,799,66	53.
2	Provide the estimated percentage of t	-		(line 1g,	column (a))	held a	as:		
a	Board designated or quasi-endowme		%						
b	Permanent endowment	%							
С	Term endowment ►%		<b></b>						
	The percentages on lines 2a, 2b, and	-							
3a	Are there endowment funds not in the	e possession of th	ne organizat	tion that	are held a	ind ad	ministered for the		
	organization by:								No
	(i) Unrelated organizations				• • •			3a(i)	
h	(.,		 Las vas viena					3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•						3b	
	Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.								
Fart			" on Form		art IV lina	110	See Form 990	Dart X line 10	r
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value								
		(investm		(oth			epreciation	(d) BOOK Value	
1a	Land		0.						0.
b	Buildings								
С	Leasehold improvements								
d	Equipment	. 12	0,577.				91,513.	29,06	54.
e	Other	.							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, o	column	(B), line 10c	c.)	· · · · ► [	29,06	54.

#### Schedule D (Form 990) 2019 Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . . (2) Closely held equity interests . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (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. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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 (1) Security Deposits 24,003 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► . . . . . . . 24,003. . Other Liabilities. Part X 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 (2) Deferred Rent 7,906 (3) Capital Lease Obligation 20,679 (4) Deferred Renovations Allowance 0. (5) Tenant security deposits 0. (6) note payable 204,152. (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . 🕨 232,737. . . . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. X

Schedul	e D (For	n 990) 2019				Page 4
Part	XI	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F			Return	•
1	Total	revenue, gains, and other support per audited financial statements			1	0.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b		ted services and use of facilities	2b			
с		veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	
3		act line <b>2e</b> from line <b>1</b>			3	0.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	
5	Total	revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i>	12.)		5	0.
Part	XII	Reconciliation of Expenses per Audited Financial Statem			er Retu	rn.
		Complete if the organization answered "Yes" on Form 990, F				
1					1	0.
2		nts included on line 1 but not on Form 990, Part IX, line 25:		1		
а		ted services and use of facilities	2a		-	
b		year adjustments	2b		-	
С		losses	2c		-	
d		(Describe in Part XIII.)	2d			
е		nes <b>2a</b> through <b>2d</b>			2e	
3		act line <b>2e</b> from line <b>1</b>			3	0.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	-			
b		(Describe in Part XIII.)	L			
С		nes <b>4a</b> and <b>4b</b>			4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ə 18.)		5	0.
	e the c	Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Pt X	, Lir	ne 2: The Bazelon Center recognizes any potent	ial	financial stat	ement	
impad	ct of	a tax position only if the tax position is m	ore	likelv than no	ot of	
being	g sus	stained upon examination. Managment has evalua	ted	the bazelon ce	enter'	S 
tax p	posit	ion and concluded that the bazelon center has	tal	ken no uncertai	n tax	
posit	tions	s that require adjustment to the financial sta	tem	ents. The finar	ncial	
state	ement	s do not have any unrecognized tax benefits o	r 1	iabilites that	need	
to be	e rec	corded and no provision for income taxes was r	equ	ired for the ye	ears e	nded
septe	ember	30, 2017 or 2016. None of the bazelon center	's :	federal income	tax r	eturns
are d	curre	ently under examination.				
		ne 4: Investment earnings from the endowment f	und	s are appropria	ited	

for use according to the spending guidelines of the board of directors in order

Part XUI       Supplemental Information (continued)         to maintain stability of the organization		Form 990) 2019	Page 5
	Part XIII	Supplemental Information (continued)	
	to moir	atain atability of the organization	

SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service Name of the organization		Compensation Information       C         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       C         Complete if the organization answered "Yes" on Form 990, Part IV, line 23.       C         Attach to Form 990.       C         Go to www.irs.gov/Form990 for instructions and the latest information.       C					
	•	Bazelon Center For Ment	al Health Law	23-7268143	on number		
Part		ns Regarding Compensation		25 7200115			
1a		ropriate box(es) if the organization pr ection A, line 1a. Complete Part III to p			orm	Yes	No
	<ul> <li>First-class</li> <li>Travel for c</li> <li>Tax indemr</li> </ul>	or charter travel	<ul> <li>Housing allowance or resid</li> <li>Payments for business use</li> <li>Health or social club dues</li> <li>Personal services (such as</li> </ul>	lence for personal use of personal residence or initiation fees			
b	or reimburser	boxes on line 1a are checked, did t nent or provision of all of the ex	penses described above? If	, , , , , ,			
2	directors, trus	nization require substantiation pric tees, and officers, including the CE	O/Executive Director, regarding				
3	organization's related organi Compensa Independer	i, if any, of the following the organiza CEO/Executive Director. Check all t zation to establish compensation of t tion committee the compensation consultant	hat apply. Do not check any bo the CEO/Executive Director, but Written employment contra Compensation survey or st	xes for methods used by t explain in Part III. act udy			
4	During the yea	f other organizations Ir, did any person listed on Form 990 r a related organization:	Approval by the board or c , Part VII, Section A, line 1a, wi				
а	-	erance payment or change-of-contro	bl payment?		. 4a		×
b	Participate in,	or receive payment from, a supplem	ental nonqualified retirement pl	an?	. 4b		×
С	-	or receive payment from, an equity- of lines 4a-c, list the persons and p			. <u>4c</u>		×
5	For persons	501(c)(3), 501(c)(4), and 501(c)(29) of isted on Form 990, Part VII, Sect contingent on the revenues of:	• •		any		
а	0	on?					×
b	•	ganization?			. <u>5b</u>		×
6	For persons compensation	isted on Form 990, Part VII, Sect contingent on the net earnings of:	tion A, line 1a, did the organ	ization pay or accrue	any		
a b	Any related or	on?					××
7		isted on Form 990, Part VII, Section described on lines 5 and 6? If "Yes,"					×
8	Were any amo to the initial	unts reported on Form 990, Part VII, contract exception described in	paid or accrued pursuant to a Regulations section 53.4958-	contract that was subjec 4(a)(3)? If "Yes," desci	t ribe		
9	If "Yes" on li	ne 8, did the organization also fo action 53.4958-6(c)?	llow the rebuttable presumption	on procedure described	t in		×

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Holly O'Donnell	(i)	175,002.	0.	0.	0.	0.	175,002.	0
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
13	(ii)							
	(i)							
4	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

	Form 990) 2019
Part III	Supplemental Information
Provide	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
for any a	dditional information.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

20**19** Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
N Attack to Form 000

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

Part	Type	s of	f Property						I
Judge	David	L.	Bazelon	Center	For	Mental	Health	Law	23-7268143

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art-Works of art			,	
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation				
13	contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► ( )				
29	Number of Forms 8283 received				
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29
					Yes No
30a	During the year, did the organizat 28, that it must hold for at least th to be used for exempt purposes f	nree years	from the date of the initial	contribution, and which isr	n't required

b If "Yes," describe the arrangement in Part II.31 Does the organization have a gift acceptance policy that requires the review of any nonstandard

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

31

32a

×

×

	Page Page Page Page Page Page Page Page
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.

SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on 2019 Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number 23-7268143 Judge David L. Bazelon Center For Mental Health Law Pt VI, Line 2: Trustees Eileen and Dana Bazelon are mother and daughter Pt VI, Line 11b: The 990 is carefully reviewed by the board treasurer and discussed with the finance committee and/or other individuals or parties as necessary. The full board is briefed on the 990 during the finance committee report section of the spring board meeting. \_\_\_\_\_ Pt VI, Line 12c: The center has a conflict of interest policy that covers all officers, directors, and trustees. Each of these individuals are required to complete an annual questionnaire regarding any transactions from which a person might benefit as well as relationships with other officers, directors, trustees, and/or related organizations. Individuals are asked to update respondes for changes as they occur. The board chair reviews all responses. Pt VI, Line 15a: The CEO reviews salaries, compensation, and other benefits of organizations of similar size and location to help determine the compensation package offered to key employees and other officers. Pt VI, Line 15b: The executive committee of the board of trustees reviews salaries, compensation, and other benefits of organizations of similar size and location to help determine the compensation package offered to key employees and other officers. Pt III, Line 4d: Expenses: \$13,702 including grants of: \$0 Revenue: \$0 Description: Lobbying Pt VI, Section C, Line 17: State: CT State: DC State: MD

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
Judge David L. Bazelon Center For Mental Health Law	23-7268143
State: IL	
State: NY	
State: PA	
State: VA	
State: WA	
Pt IX, Line 24e:	
Description: Donated Service	
Total: \$10,448	
Program services: \$6,685	
Management and general: \$2,196	
Fundraising: \$1,567	
Description: Dues	
Total: \$29,808	
Program services: \$19,077	
Management and general: \$6,260	
Fundraising: \$4,471	
Description: Repairs and Maintenance	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: Court costs	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: Postage	

ame of the organization	Employer identification number
udge David L. Bazelon Center For Mental Health Law	23-7268143
Total: \$1,355	
Program services: \$867	
Management and general: \$285	
Fundraising: \$203	
Description: Printing	
Total: \$11,945	
Program services: \$7,645	
Management and general: \$2,508	
Fundraising: \$1,792	
Description: Consulting	
Total: \$33,776	
Program services: \$21,617	
Management and general: \$7,093	
Fundraising: \$5,066	
Description: Telephone	
Total: \$20,969	
Program services: \$13,420	
Management and general: \$4,404	
Fundraising: \$3,145	
Description: Trustee meetings	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: Bad debt	
Total: \$0	
Program services: \$0	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Judge David L. Bazelon Center For Mental Health Law	23-7268143
Management and general: \$0	
Fundraising: \$0	
Description: Miscellaneous	
Total: \$26,849	
Program services: \$17,182	
Management and general: \$5,640	
Fundraising: \$4,027	
Description: Event Planning	
Total: \$31,765	
Program services: \$20,330	
Management and general: \$6,670	
Fundraising: \$4,765	

Department of the Treasury

Internal Revenue Service

# IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning Oct 1 , 2019, and ending Sep 30, 20 20

▶ Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

Judge David L. Bazelon Center For Mental Health Law Name and title of officer

Employer identification number 23-7268143

Holly O'Donnell, President and CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	. 1b	2,331,479.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	. 2b	
3a	Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22)	. 3b	
4a	Form 990-PF check here b D Tax based on investment income (Form 990-PF, Part VI, line 5) .	. 4b	
5a	Form 8868 check here  B Balance Due (Form 8868, line 3c)	. 5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize		to enter my PIN				as my signature
	ERO firm name		Ente do n			

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date ► 02/12/2021
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	2 7 3 2 8 8 3 4 4 3 0 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ►

Date Þ

#### ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2019)

Form 990 Part IX, Line 24e

Name

2019

Employer Identification No.

Donated Service Dues Repairs and Maintenance	10,448.		and general	Fundraising
Dues		6,685.	2,196.	1,567.
Repairs and Maintenance	29,808.	19,077.	6,260.	4,471.
	0.	0.	0.	0.
Court costs	0.	0.	0.	0.
Postage	1,355.	867.	285.	203.
Printing	11,945.	7,645.	2,508.	1,792.
Consulting	33,776.	21,617.	7,093.	5,066.
Telephone	20,969.	13,420.	4,404.	3,145.
rustee meetings	0.	0.	0.	0.
Bad debt	0.	0.	0.	0.
Aiscellaneous	26,849.	17,182.	5,640.	4,027.
Event Planning	31,765.	20,330.	6,670.	4,765.
Total to Form 990, Part IX,				

## Additional information from your 2019 Federal Exempt Tax Return

## Form 990: Return of Organization Exempt from Income Tax

Line 13 col (B)		Itemization Statement
Description		Amount
suplies		2,162.
	Total	2,162.
Form 990: Return of Organization Exempt from Income Tax		
Line 13 col (C)		Itemization Statement
Description		Amount
supplies		710.
	Total	710.
Form 990: Return of Organization Exempt from Income Tax		
Line 13 col (D)		Itemization Statement
Description		Amount
supplies		507.
	Total	507.
Form 990: Return of Organization Exempt from Income Tax		
Line 17, column (B)		Itemization Statement
Description		Amount
-		

Description	Amount
AP	11,418.
Aexpenses	30,652.
Total	42,070.

## Form 990: Return of Organization Exempt from Income Tax

Line 27, column (A)	Itemization Statement	
Description	Amount	
	2,018,421.	
	494,601.	
Total	2,513,022.	

## Schedule D: Supplemental Financial Statements

Part V, line 1e col (c)

Description	Amount
Transfers out for change in donor intent	1,425,214.
Transfers out for prior years	168,440.
Distributions	77,318.
Total	1,670,972.

## Itemization Statement

### Schedule D: Supplemental Financial Statements Part X: Other Liabilities. (1) End Other Liability Amt

Description	Amount	
	7,906.	
Total	7,906.	

### Schedule D: Supplemental Financial Statements Part X: Other Liabilities. (2) End Other Liability Amt

Description	Amount
	б,430.
	14,249.
Total	20,679.

#### **Itemization Statement**

Itemization Statement