Form	9	9	0
Departm	nent o	f the	Treasury

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

20**15** Open to Public

OMB No. 1545-0047

	Increation
	Inspection

		nue Serv							ts instructions		-	orm990.			specti	on	
A F	or th	e 201	5 cale	ndar	year, or ta	ax year beg	inning	()7/01, 2015	5, and endi	ng			30, 20			
B	heck if ap	nlicable:			rganization							D Employer ide	entificat	tion num	ber		
_	-		LE	GAL	MOMENTU	JM											
Х	Addre chang			<u> </u>	ness As							23-7085					
	Name	change				P.O. box if mail i			dress)	Room/suite		E Telephone number					
	Initial	return				STREET,						(212) 925-6635					
	Termi		City or town, state or province, country, and ZIP or foreign postal code														
	Amen return				DRK, NY							G Gross receip				,579.	
	_ Applic					rincipal officer:			S-ROMAN,		CEO	H(a) Is this a grou subordinates		for	Yes	X No	
							6TH FLOC	DR NEW	YORK, NY			H(b) Are all subord			Yes	No	
		empt sta			501(c)(3)	501(c) () ┥ (in	isert no.)	4947(a)(1)	or 5	27	If "No," attac			tions)		
					ALMOMENT		1					H(c) Group exem	·				
-		of organ			Corporation	Trust	Association	Other		L Year	of formati	ion: 1970 M	State of	f legal do	micile:	DC	
P	art I		nmary						TROAT	MOMENTER		MISSION IS		DNOT			
Governance	2	ECON SAFE Check	NOMIC EGUAF	C AN RDIN	G AND E	NAL SECU XPANDING organization	RITY OF WOMEN'S discontinued	ALL WO RIGHT	MEN AND G S UNDER T tions or dispos	HE LAW.	HILE nan 25%	of its net asset	 5.				
													3			24.	
Activities &									art VI, line 1b)				4			23.	
viti								015 (Part \	/, line 2a)				5			19.	
Acti						stimate if nece							6			$\frac{14.}{0}$	
-													7a			0	
	D	Net ur	nrelate	d bus	iness taxabl	e income from	n Form 990-1	, line 34 🔒			<u></u> .	Prior Year	7b	<u> </u>	rent Ye		
		.										2,738,59	1			2,967.	
ne	8	Contri	butions	s and (grants (Part	VIII, line 1h)			· · COP	Y FOR	ר			2	-		
Revenue	9	Progra	am serv	vice re	evenue (Part	VIII, line 2g)			COP PUBLIC I	NSPECTION		67,90				3,483),794	
Re	10	invest	menti	ncom	e (Fait Vill,	column (A), in	165 5, 4, anu	/u)			J	120,76					
									1e)			2,961,34		<u>ົ</u> ງ		1,916 ,572.	
									n (A), line 12) .			2,901,34	0.	2	,730	, 572.	
													0.				
	4.5								(A) lines 5 10)			1,684,71	•••	1	608	,838 .	
Expenses	160		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)								1,001,71	0.	-	,000	,050.		
ben	l l l l l l l l l l l l l l l l l l l	Total f	Sionai		aising rees (Part IX, column	(D) line 25)	•	630,325	•••••	•		<u> </u>				
ň	17	Othor	ovnon	sing e	expenses (Fa	and (Λ) lines 1	(D), III e 25)	240)				958,14	.1		976	5,448	
						17 (must equa					•	2,642,85		2		5,286.	
			•			· ·	-	()	10 20)		•	318,49				5,286	
es		TTC VOI		0 0/0/								ning of Current \		End	of Yea		
Net Assets or Fund Balances	20	Total a	assets	(Part)	X line 16)							2,662,64	2.			,203.	
Ass IBal	21				_						•	187,45				444	
Net	22											2,475,18		2		,759.	
	rt II		natur						<u></u>								
Un true	der per e, corre	nalties o	f perjur	y, Ide	clare that I hat	ave examined t eparer (other the	his return, incl an officer) is ba	uding acco sed on all in	mpanying sched nformation of wh	ules and state ich preparer h	ements, a nas any kr	nd to the best of nowledge.	my kn	owledge	and be	ilief, it is	
Sig He			Signatu									Date					
				•	name and title		Dranassis	ianot		Data				111			
Paid	d		Type pr				Preparer's s	agnature		Date		Check	if PT				
	parer	CANI	DICE	ME								self-employ		01306			
	Only		name	-		MPER LLP			1001					63982			
			address						10017-27	03		Phone no.	212-	949-8			
						preparer show			ons)					X Y		No	
For	Paper	work	Reduc	tion A	Act Notice, s	see the separa	ate instructio	ns.						Forr	n 990) (2015)	

218786

LEGAL	MOMENTUM
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For	rm 990 (2015) Page 2
Ρ	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: LEGAL MOMENTUM'S MISSION IS TO ENSURE THE ECONOMIC AND PERSONAL
	SECURITY OF ALL WOMEN AND GIRLS, WHILE SAFEGUARDING AND EXPANDING
	WOMEN'S RIGHTS UNDER THE LAW.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	NATIONAL JUDICIAL EDUCATION PROGRAM:
	LEGAL MOMENTUM'S AWARD-WINNING NATIONAL JUDICIAL EDUCATION PROGRAM
	(NJEP), IS THE NATIONAL SOURCE FOR JUDICIAL EDUCATION ON SEXUAL
	VIOLENCE. NJEP PROVIDES TRAINING MATERIALS, SEMINARS AND
	CONFERENCES, AND WEBINARS FOR JUDGES, PROSECUTORS, VICTIMS'
	ATTORNEYS AND ADVOCATES, AND OTHER JUSTICE SYSTEM PROFESSIONALS
	ABOUT THE WAYS IN WHICH GENDER BIAS CAN UNDERMINE FAIRNESS IN
	CRIMINAL, CIVIL, FAMILY, AND JUVENILE LAW. NJEP FOCUSES PRIMARILY
	ON SEXUAL ASSAULT CASES AND CASES INVOLVING THE INTERSECTION OF
	SEXUAL ASSAULT AND DOMESTIC VIOLENCE.
<u>4</u> h	(Code:) (Expenses \$, 043,100_ including grants of \$0_) (Revenue \$77,239_)
	Code:) (Expenses \$including grants of \$) (Revenue \$77,239.)
-	
4C	: (Code:) (Expenses \$i including grants of \$) (Revenue \$)
4d	I Other program services (Describe in Schedule O.)
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,668,212.

	LEGAL MOMENTUM 23-7085	5442		
Form 9 Part	90 (2015) V Checklist of Required Schedules		F	Page 3
Fail	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	x	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
a	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 .	126		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
<i>.</i> –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	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 822 /f "Yes " complete Schedule C. Part II	10	Х	
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19		х

Form **990** (2015)

Form 990 (2015)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			l
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2015)

Form 990 (2015)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms w-2G included in the Ta. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 19		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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			Х
_	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).	E a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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	60		Х
	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	6h		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the experimetion receives a neutrino deductible contribution and neutrino deductible contributions and neutrino deductible contributing and			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
L	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
h		10		
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required?	7g		
•		79 7h		
。 。	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9				
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 9	90 (2015) LEGAL MOMENTUM	23-7085	442	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	ugh 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				tions.
	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sect	ion A. Governing Body and Management				
		1a 24		Yes	No
1a		1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing				
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
2	any other officer, director, trustee, or key employee have a family relationship of a business relation and the second seco	-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	-	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elec		-		v
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by		7b		х
0	stockholders, or persons other than the governing body?		10		
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	taken during			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inter	rnal Revenue	Code		N
			10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		A
b	If "Yes," did the organization have written policies and procedures governing the activities of su	-	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp		11a	Х	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ig the form?	TTu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that				
	rise to conflicts?	-	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the poli				
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation a		15a	Х	
a h	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization				
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?	unungomon	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard the			
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17			5011) (2)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply.	-	501(c	c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	, conflict of inte	erest	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 bo CAROL ROBLES-ROMAN 16 EAST 34TH STREET, 6TH FLOOR NEW YORK, NY 10016 212-925-6635	oks and record	s: 🕨		
JSA	CAROL ROBLES-ROMAN 16 EAST 34TH STREET, 6TH FLOOR NEW YORK, NY 10016 212-925-6635			000	(2015)
JOA					120151

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck s pe	erson	e than c 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)	(F) Estimated amount of other compensation from the organization and related organizations
(1)G. ELAINE WOOD	5.00									
CHAIR	0.	Х		Х				0.	0.	0.
(2)LORIA B. YEADON	2.00									
FIRST VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)LAURA A. WILKINSON	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)DEBORAH L. RHODE	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5) ROBERT M. KAUFMAN	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(6) DEDE THOMPSON BARTLETT	2.00	-								
DIRECTOR	0.	X						0.	0.	0.
(7) ^{ELIZABETH} J. CABRASER	2.00	-								
DIRECTOR	0.	X						0.	0.	0.
(8)SABINE CHALMERS	2.00									
DIRECTOR	0.	X						0.	0.	0.
(9) ETHAN COHEN-COLE, PHD	2.00									
DIRECTOR	0.	X						0.	0.	0.
(10) ALEXIS S. COLL-VERY	2.00									2
DIRECTOR	0.	X						0.	0.	0.
(11) ^{KIM} GANDY	2.00									0
DIRECTOR	0.	X						0.	0.	0.
(12) VILIA B. HAYES	2.00							_	_	^
DIRECTOR	0.	X						0.	0.	0.
(13) PATRICIA K. GILLETTE DIRECTOR (THROUGH 03/2016)	2.00	x						0.	0.	0.
(14) JENNIFER CHOE GROVES DIRECTOR	2.00	x						0.	0.	0.
DIRECIUR	0.	Λ						0.	0.	0.

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Form 990 (20	,										Page
Part VII	Section A. Officers, Directors,	Trustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title		box, office	unle er an	check ess pe id a c	erson lirect	e than c is both tor/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MATT	THEW S. KAHN	2.00									
DIR	ECTOR	0.	X						0.	0.	C
16) AMY	DORN KOPELAN	2.00									
DIR	ECTOR	0.	Х						0.	0.	0
17) LORI	I B. LESKIN	2.00									
DIRI	ECTOR	0.	Х						0.	0.	C
18) SUSA	AN B. LINDENAUER	2.00									
	ECTOR	0.	Х						0.	0.	0
19) CAR(DL A. BALDWIN MOODY	2.00									
DIR	ECTOR	0.	Х						0.	0.	C
20) SUSA	AN SCHWARTZ	2.00									
DIRI	ECTOR	0.	Х						0.	0.	0
21) STEI	PHANIE A. SHERIDAN	2.00									
DIRI	ECTOR	0.	Х						0.	0.	C
22) KARI	EN E. SILVERMAN	2.00									
DIR	ECTOR	0.	Х						0.	0.	C
23) EILE	EEN SIMON	2.00									

0.

2.00

Х

,											
DIRECTOR	0.	Х					0.	0.	0.		
25) JAY W. WAKS	2.00										
VICE CHAIR	0.	Х					0.	0.	0.		
1b Sub-total							0.	0.	0.		
c Total from continuation sheets to Part VII, Section A							817,272.	0.	146,297.		
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of											
reportable compensation from the organizatio	reportable compensation from the organization > 4										

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
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	5		Х
Se	ection B. Independent Contractors			

DIRECTOR

BRANDE STELLINGS

24)

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(

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization \triangleright 0.	e listed above) who received	

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Form 990 (2015)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employ	ees (c	continue	d)
Name and title Average Position Reportable Report hours per (do not check more than one box, unless person is both an hours for is both an officer and a director/trustee) Reportable compensation									(E) Reportation related organization (W-2/1099-1	n from I ons	Est am comp fro orga and	(F) timated ount of other bensation om the anization related nizations
		Φ	tee			sated						
26) EMILY WARD DIRECTOR (THROUGH 03/2016))	2.00	x						0.		0.		(
27) CAROL ROBLES-ROMAN	35.00							0.				
PRESIDENT AND CEO	0.	Х		Х				200,138.		0.		36,793
28) DAVID LEVIN	35.00	_						05.050				05 000
DIRECTOR OF FINANCE 29) LYNN SCHAFRAN	0.			X				85,258.		0.		25,099
VP - NAT'L JUDCIAL EDU. PROG.	0.	-				x		148,686.		ο.		25,061
30) LISALYN R. JACOBS	35.00											
VP GOVERNMENT AFFAIRS	0.					X		96,844.		0.		22,420
31) ANNE F. TAIBLESON DIRECTOR OF DEVELOPMENT	35.00	-				x		120,258.		0.		10,484
32) PENNY VENETIS	35.00				-	A		120,258.			· · ·	10,404
EXECUTIVE VP & LEGAL DIRECTOR	0.	-				x		166,088.		Ο.		26,440
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not	limited to t	hose	liste	ed a	•••	· · ·	 ▲ ▲ ▲ A A	eceived more than	\$100,000 o	 f		
 reportable compensation from the organizatio Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations grading of the second secon	cer, directo lule J for su sum of rep eater than	or, or ch ind portab	tru <i>lividi</i> ble c 50,0	uste ual com	per?	nsation "Yes	n a s,"	nd other compens complete Schedu	sation from le J for s	the uch	3	Yes N 2 X
<i>individual</i>5 Did any person listed on line 1a receive or											4	A
for services rendered to the organization? If "Y											5	2
Section B. Independent Contractors												
 Complete this table for your five highest com compensation from the organization. Report of year. 												
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compens	ation
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se l	isted above) who	received			

Par	t VII			nuling in this Dout V			
		Check if Schedule O contains a r	esponse or note to a	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1a 1b 1c 1,055,593. 1d 1e 450,000. 1f 887,374. \$ 53,020.				
	g h	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		2,392,967.			
Program Service Revenue	2a b c d	PROGRAM SERVICES	Business Code 541100	143,483.	143,483.		
ram (e						
Prog	f g	All other program service revenue Total. Add lines 2a-2f		143,483.			
	3	Investment income (including of and other similar amounts)	dividends, interest, ►	19,890.			19,890.
	4 5	Royalties	<u> </u>	0.			
	6a b	Less: rental expenses	al (ii) Personal , 088.	-			
	c d	Rental income or (loss) 185 Net rental income or (loss) 185		185,088.			185,088.
	7a		, 548.	-			
	b		<u>,944.</u> 6,288. ,3966,288.	-			
	d	Net gain or (loss)		-30,684.			-30,684.
Other Revenue	8a	Gross income from fundraising events (not including \$1,055,593. of contributions reported on line 1c). See Part IV, line 18	a <u>152,775.</u>				
oth		Less: direct expenses Net income or (loss) from fundraising e		0.			
	с 9а	Gross income from gaming activities. See Part IV, line 19		0.			
	b c	Less: direct expenses Net income or (loss) from gaming acti	b	0.			
	10a	Gross sales of inventory, less returns and allowances	. a	-			
	b c	Less: cost of goods sold	b tory ► Business Code	0.			
	11a b	MISCELLANEOUS INCOME	900099	19,828.			19,828.
	c						
	d	All other revenue		19,828.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		2,730,572.	143,483.		194,122.
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Form 990 (2015)

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Form 990 (2015)	LEGAL MOME.			23-70	85442 Page 1
	atement of Functional Expenses		All other ergenization	a must complete colum	am (A)
)(3) and 501(c)(4) organizations must heck if Schedule O contains a respo				
			1	(C)	(D)
8b, 9b, and 10	e amounts reported on lines 6b, 7b, bb of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and	other assistance to domestic organizations				
and domesti	c governments. See Part IV, line 21	0.			
2 Grants ar	nd other assistance to domestic				
individuals	. See Part IV, line 22	0.			
3 Grants ar	nd other assistance to foreign				
organizatio	ns, foreign governments, and foreign				
	See Part IV, lines 15 and 16	0.			
4 Benefits pa	aid to or for members	0.			
5 Compensa	tion of current officers, directors,				
trustees, ar	nd key employees	255,073.	165,797.	27,676.	61,600
6 Compensatio	on not included above, to disqualified				
persons (as	defined under section 4958(f)(1)) and				
persons des	cribed in section 4958(c)(3)(B)	0.			
7 Other sala	ries and wages	958,482.	626,971.	102,138.	229,373
8 Pension pla	an accruals and contributions (include				
section 40 ²	I(k) and 403(b) employer contributions)	54,798.	35,619.	5,945.	13,234
9 Other emp	loyee benefits	258,299.	168,913.	27,550.	61,836
10 Payroll taxe	es	82,186.	53,689.	8,791.	19,706
11 Fees for se	rvices (non-employees):				
a Manageme	ent	0.			
b Legal		0.			
c Accounting	9	32,000.		32,000.	
d Lobbying		1,921.		1,921.	
	fundraising services. See Part IV, line 17.	0.			
f Investment	management fees	100.		76.	24
g Other. (If Iir	e 11g amount exceeds 10% of line 25, column				
(A) amount, lis	t line 11g expenses on Schedule O.)	144,446.	136,442.	5,175.	2,829
	and promotion	11,009.	2,966.	99.	7,944
13 Office expe	enses	50,779.	27,522.	4,575.	18,682
14 Information	n technology	66,061.	47,119.	5,844.	13,098
15 Royalties		0.			
16 Occupancy	/	488,745.	319,278.	52,281.	117,186
		45,641.	39,231.	1,206.	5,204
18 Payments	of travel or entertainment expenses				
for any fee	deral, state, or local public officials	0.			
19 Conferenc	es, conventions, and meetings	5,072.	3,851.	109.	1,112
		6,238.		6,238.	
	to affiliates	0.			
	on, depletion, and amortization	25,914.	16,931.	2,769.	6,214
23 Insurance		14,824.	9,510.	1,864.	3,450
	nses. Itemize expenses not covered				
above (List	miscellaneous expenses in line 24e. If				
line 24e ar	nount exceeds 10% of line 25, column				
(A) amount,	list line 24e expenses on Schedule O.)				
a WEBSITE	DEVELOPMENT	3,836.	3,836.		
b MISCELL	ANEOUS EXPENSE	21,292.	10,537.	492.	10,263
c SPECIAL	EVENT EXPENSE	58,570.			58,570
d					
	xpenses				
	onal expenses. Add lines 1 through 24e	2,585,286.	1,668,212.	286,749.	630,325
26 Joint cost organizatio	s. Complete this line only if the n reported in column (B) joint costs ombined educational campaign and				
	solicitation. Check here				
following S	OP 98-2 (ASC 958-720)	0.			

Form	990	(2015))
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Part	0 (2015) Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u>	<u></u> .
		(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing	140,281.	1	125,929.
		154,542.	2	241,355.
:		1,173,765.	3	1,397,400.
4		6,976.	4	0.
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	0.
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	•	0.
ts -	organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	· · · · · · · · · · · · · · · · · · ·	0.	7	0.
-		89,201.	8	23,265.
9		09,201.	9	23,203.
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 190,903.			
		82,476.	10-	52,341.
		981,493.		972,358.
11		0.	11 12	0.
12		0.	12	0.
13			13	0.
14		33,908.	14	67,555.
15		2,662,642.	15	2,880,203.
16		177,459.	16	2,880,203.
18		0.	17	0.
19	· · · · · · · · · · · · · · · · · · ·		10	0.
20	· · · · · · · · · · · · · · · · · · ·	0.	20	0.
21	· · · · · · · · · · · · · · · · · · ·	0.	20	0.
		0.	21	0.
tie tie	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons. Complete Part II of Schedule L	0.	22	0.
<u>ا ت</u> ا 23		0.	23	0.
24		0.	24	0.
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	9,994.	25	0.
26		187,453.	26	264,444.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets	1,282,333.	27	1,195,927.
28	· · · · · · · · · · · · · · · · · · ·	992,856.	28	1,219,832.
ם 29 ס		200,000.	29	200,000.
or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
8 31			31	
× 32			32	
Net Assets		2,475,189.	33	2,615,759.
34		2,662,642.	34	2,880,203.

Form **990** (2015)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX), column (A), line 12) 1 2,730,5 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,585,2 3 145,2 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,475,12 5 Net unrealized gains (losses) on investments 5 -4,7 6 6 -4,7 7 Donated services and use of facilities 6 7 1 0 -4,71 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 615,7 2 Cash X Accrual Other 10 2, 615,7 9 Check if Schedule O contains a response or note to any line in this Part XII 10 2, 615,7 1 Acccounting method used to prepare the Form 990	Form 99	90 (2015)				Pa	ge 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 730,5 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 585,2 3 Revenue less expenses. Subtract line 2 from line 1 3 145,2 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 475,1 5 -4,7 6 -4,7 6 7 Investment expenses 6 7 7 8 - 9 Other changes in net assets or fund balances (explain in Schedule O) 9 - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2, 615,7 7 Part XII Financial Statements and Reporting - - Check if Schedule O contains a response or note to any line in this Part XII 1 2, 615,7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 fi the organization's financial statements compiled or reviewed by an independent accountant? 2a - 1 Accounting method used to prepare the Form 990: Cash X Accrual Ot	Part								
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,585,2 3 Revenue less expenses. Subtract line 2 from line 1 3 145,2 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,475,1 5 Net unrealized gains (losses) on investments 5 -4,7 6 7 6 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2, 615, 7 Part XII Financial Statements and Reporting 9 10 2, 615, 7 Part XII Financial Statements and Reporting Yes 10 2, 615, 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2, 615, 7 1 f the organization's financial statements compiled or reviewed by an independent accountant? 10 2, 615, 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1									
3 Revenue less expenses. Subtract line 2 from line 1 3 145,2 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 7 4 2,475,1 5 -4,7 6 7 a 145,2 4 2,475,1 5 -4,7 6 7 6 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 8 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2,615,7 7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2 4 2,615,7 2 4 2,615,7	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 475, 1 5 Net unrealized gains (losses) on investments 5 -4, 7 6 6 -4, 7 7 Investment expenses 7 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2, 615, 7 Part XII Financial Statements and Reporting 10 2, 615, 7 Check if Schedule O contains a response or note to any line in this Part XII 10 2, 615, 7 9 Check if Schedule O contains a response or note to any line in this Part XII 10 2, 615, 7 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Firancial statements compiled or reviewed by an independent accountant? 2a 2a 2a 1 Mere the organization's financial statements audited basis, or both: Separat	2	Total expenses (must equal Part IX, column (A), line 25)	2						
5 Net unrealized gains (losses) on investments 5 -4,7 6 7 1 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Yeas Yeas <td co<="" th=""><td>3</td><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td></td><td></td><td></td></td>	<td>3</td> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td></td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 615, 7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2, 615, 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 1 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 1 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Both consolidated and separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis. o	4								
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9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,615,7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2,615,7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	8	Prior period adjustments 8							
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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 X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х		
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolid	b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
separate basis, consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		o							
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 									
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of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	с								
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	-	of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
Schedule O.									
	3a		t forth	n in					
the Single Audit Act and OMB Circular A-133? 3a					3a		Х		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b		ergo	the					
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b				-	3b				

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

		evenue Service		(Form 990 or 990-EZ) a			is at www.irs.gov/form9	990. Inspection
		the organization						tification number
		MOMENTUM						-7085442
Ра			· ·	-			,	
	org	anization is not a private for			-	-		
1		A church, convention of ch						
2		A school described in sect			-			
3	<u> </u>	A hospital or a cooperative		-				
4		A medical research organi		conjunction with a not	spital de	scribed li	n section 170(b)(1)(A)	(III). Enter the
-		hospital's name, city, and s						
5		An organization operated		a college of universit	ty owner	a or ope	erated by a governme	ental unit described in
c		section 170(b)(1)(A)(iv).		romantal unit dagariba	d in coo	ion 170	(
6 7	X	A federal, state, or local ge An organization that norm						om the general public
'		described in section 170(b	-	-	ирроп п	un a yu		Sill the general public
8		A community trust describ			Part II)			
9	<u> </u>	An organization that norm			-		contributions memb	ership fees and gross
•		receipts from activities re						
		support from gross invest		•				
		acquired by the organization						,
10		An organization organized	and operated excl	usively to test for publ	ic safety.	See sec	ction 509(a)(4).	
11		An organization organized	and operated excl	usively for the benefit of	of, to pe	rform the	functions of, or to ca	rry out the purposes of
		one or more publicly suppo	orted organizations	described in section	509(a)(1) or sect	ion 509(a)(2). See see	ction 509(a)(3). Check
	_	the box in lines 11a throug	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.
а		Type I . A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organizati	on(s) the power to	regularly appoint or e	elect a m	ajority o	of the directors or trus	tees of the supporting
		organization. You must o	-					
b		Type II . A supporting or						
		control or management		-	the sam	e persor	ns that control or man	age the supported
		organization(s). You mus	-					
С	L	Type III functionally inte						lly integrated with,
d	Г	its supported organizatio						tod organization(a)
d		Type III non-functionally that is not functionally int			-			
		requirement (see instruc	• •	• •	•		•	a an allentiveness
е		Check this box if the org		-				I Type III
•		functionally integrated, o						., ., ., ., ., ., ., ., ., ., ., ., ., .
f	Er	nter the number of supported						
g	Pr	ovide the following informat	ion about the supp	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization		(vi) Amount of
				(described on lines 1-9 above (see instructions))	-	ur governing ment?	support (see instructions)	other support (see instructions)
						1	, , , , , , , , , , , , , , , , , , ,	
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u> </u>								
(E)								
Tota	al							

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

OMB No. 1545-0047

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Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u>.</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,515,516.	1,632,718.	2,457,710.	2,738,591.	2,392,967.	12,737,502.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	3,515,516.	1,632,718.	2,457,710.	2,738,591.	2,392,967.	12,737,502.		
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								
6	shown on line 11, column (f) Public support . Subtract line 5 from line 4.						1,153,215.		
	tion B. Total Support						11,584,287.		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	3,515,516.	1,632,718.	2,457,710.	2,738,591.	2,392,967.	12,737,502.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	311,361.	323,978.	273,326.	119,742.	204,978.	1,233,385.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	9,270.	24,487.	5,283.	34,681.	19,828.	93,549.		
11	Total support. Add lines 7 through 10						14,064,436.		
12	Gross receipts from related activities, etc. (s	ee instructions)				12	391,304.		
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, second	d, third, fourth,	or fifth tax year				
Sec	tion C. Computation of Public Supp	port Percenta	ge						
14	Public support percentage for 2015 (lin	ne 6, column (f)	divided by line	11, column (f))		14	82.37%		
15	Public support percentage from 2014	Schedule A, Pa	rt II, line 14		l	15	77.91%		
16a	331/3% support test - 2015. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3% or mor			
	this box and stop here. The organization								
b	331/3% support test - 2014. If the o	-							
	check this box and stop here. The orga	•							
17a	10%-facts-and-circumstances test - 2	•							
	10% or more, and if the organization						•		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
b	organization 10%-facts-and-circumstances test - 2 15 is 10% or more and if the arrow	014. If the org	ganization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,			
	15 is 10% or more, and if the orga Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly		
18	supported organization Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see			
	instructions				<u></u>		<u> P </u>		

Schedule A (Form 990 or 990-EZ) 2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1				1
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
10	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 f	or the organiza	tion's first seco	nd third fourth	or fifth tax ve	ear as a section	501(c)(3)
••	organization, check this box and stop here	•					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmer						
17	Investment income percentage for 2015 (li			13. column (f))		17	%
18	Investment income percentage from 2014					18	%
	331/3% support tests - 2015. If the or						
	17 is not more than 331/3%, check th	-					
h	331/3% support tests - 2014. If the orga		-				
5	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA				,, 51 190		Schedule A (Form S	
5E122	^{1 1.000} FTX0H6 L161 4/13/2017 5	:26:26 PM	V 15-7.18	2	18786		

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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.**
- **10 a** 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

-	le A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
<u></u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations		V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
a b c	 The organization satisfied the Activities Test. Complete line 2 below. 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 	instrue	ctions) Yes	
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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):		r	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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			
emergency temporary reduction (see instructions)	6		

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) 2015

	le A (Form 990 or 990-EZ) 2015	Ourse outline Ourses'	ione (continue 1)	Page					
Part	V Type III Non-Functionally Integrated 509(a)(3) = on D - Distributions	Supporting Organizat	ions (continued)	Current Year					
		vomet euroecco		Current real					
1	Amounts paid to supported organizations to accomplish ex		l						
2									
•	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2015 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1	Distributable amount for 2015 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2015								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2015:								
а									
b									
с									
d	From 2013								
	From 2014								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
	Applied to 2015 distributable amount								
	Carryover from 2010 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
ر 4	Distributions for 2015 from Section								
-									
	D, line 7: \$ Applied to underdistributions of prior years								
	Applied to 2015 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2015, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2015. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2016. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а									
b									
С	Excess from 2013								
d	Excess from 2014								
е	Excess from 2015								

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL		
MISCELLANEOUS INCOME	9,270.	24,487.	5,283.	34,681.	19,828.	93,549.		
TOTALS	9,270.	24,487.	5,283.	34,681.	19,828.	93,549.		

218786

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

►	Attach to	Form 990,	Form 990-EZ,	or Form	990-PF.
on about	t Schodulo B /	(Form 000 00)	0-E7 or 990-PE) ar	d ite instruc	tions is at www.irs.cov/

15

Employer identification number

N	an	ne	01	the	orga	mization
_	_		_			

....

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.go /form990.

LEGAL MOMENTUM 23-7085442 Organization type (check one): Filers of: Section: Х 501(c)(³ Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

I For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization LEGAL MOMENTUM

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$68,729.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

JSA 5E1253 2.000

Employer identification number 23-7085442

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is nee	eded.
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

JSA 5E1254 2.000

Sche	edule B	(Forr	n 99	0, 99	90-E	Z, or	990	·PF) ((201	5)														Pag	e 4
Nan	ne of o	rgan	izat	ion	LE(GAL	М	OME	ENT		I								E	mploye	er io	lentificatio	on numl	ber	
																						23-70	85442	2	
		_												 									(-) (-)		

Part III	<i>Exclusively</i> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and									
	the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$									
	Use duplicate copies of Part III if additi	ional space is neede	ed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship 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) Transf	er of gift							
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		er of gift								
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship 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) Transf	sfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship of transferor to transferee						
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2015)						

SCHEDULE C	Political Camp	aign and Lobbyin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt Fro	om Income Tax Under sect	ion 501(c) and section 52	⁷ 2015
Department of the Treasury Internal Revenue Service	 Complete if the organization is de Information about Schedule C (Ford 		n to Form 990 or Form 990-E actions is at www.irs.gov/form	
If the organization answ	vered "Yes," on Form 990, Part IV, line :		46 (Political Campaign Activit	
	rganizations: Complete Parts I-A and B. Do er than section 501(c)(3)) organizations:	•	Do not complete Part I-B.	
	zations: Complete Part I-A only.			
-	vered "Yes," on Form 990, Part IV, line a rganizations that have filed Form 5768 (
 Section 501(c)(3) c 	rganizations that have NOT filed Form 5	768 (election under section 501(h)): Complete Part II-B. Do not	t complete Part II-A.
If the organization answ Tax) (see separate instr	vered "Yes," on Form 990, Part IV, line uctions), then	5 (Proxy Tax) (see separate	instructions) or Form 990-E	Z, Part V, line 35c (Proxy
<i>,</i> , ,	5), or (6) organizations: Complete Part III.			
Name of organization			Employer ider	ntification number
LEGAL MOMENTUM			23-708	
Part I-A Comple	ete if the organization is exemp	t under section 501(c) or	r is a section 527 organ	nization.
	ption of the organization's direct and			
	ures			
3 Volunteer hours	••••••		· · · · · · · · · · ·	
Part I-B Comple	ete if the organization is exemp	t under section 501(c)(3).		
1 Enter the amour	t of any excise tax incurred by the or	ganization under section 49	55▶\$	
2 Enter the amour	t of any excise tax incurred by organ	ization managers under sec	tion 4955 ► \$	
	n incurred a section 4955 tax, did it f			
4a Was a correction	made?			Yes No
b If "Yes," describe	in Part IV.			
Part I-C Comple	ete if the organization is exemp	t under section 501(c), e	except section 501(c)(3)	
	nt directly expended by the filing or			
2 Enter the amour	t of the filing organization's funds co ction activities	ontributed to other organiza	tions for section	
3 Total exempt fu	nction expenditures. Add lines 1 a	nd 2. Enter here and on F	Form 1120-POL,	
	anization file Form 1120-POL for this			
5 Enter the names	, addresses and employer identificat	ion number (EIN) of all sect	tion 527 political organiza	ations to which the filing
	de payments. For each organization			
	olitical contributions received that w			
	gregated fund or a political action con			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If
				none, enter -0
(1)				
(2)				
(3)				
(4)				

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

(5)

(6)

Schedule C (Form 990 or 990-EZ) 2015

Schedule C	(Form 990 or 990-EZ) 2015	LEGAL	MOMENTUM

vī

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under			
	belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's			
3 Check > if the filing organization	checked box A and "limited control" provisi	ons apply.				
Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated			
(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals			
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)					
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	1,921.				
	a and 1b)	1,921.				
d Other exempt purpose expenditures	2,589,652.					
e Total exempt purpose expenditures (add	2,591,573.					
f Lobbying nontaxable amount. Enter the columns.	e amount from the following table in both	279,579.				
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
Not over \$500,000	20% of the amount on line 1e.					
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000						
g Grassroots nontaxable amount (enter 25	% of line 1f)	69,895.				
h Subtract line 1g from line 1a. If zero or le		0.				
i Subtract line 1f from line 1c. If zero or les		0.				
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720				

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)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total						
2a Lobbying nontaxable amount	648.	316,540.	282,143.	279,579.	878,910.						
b Lobbying ceiling amount (150% of line 2a, column (e))					1,318,365.						
c Total lobbying expenditures	3,241.	2,361.	2,374.	1,921.	9,897.						
d Grassroots nontaxable amount	162.	79,135.	70,536.	69,895.	219,728.						
e Grassroots ceiling amount (150% of line 2d, column (e))					329,592.						
f Grassroots lobbying expenditures	67.				67.						

Schedule C (Form 990 or 990-EZ) 2015

Page	3
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Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	rm 576	8		
_	North Martin and Martin Arthread Att halow and Martin Dart Martin databled	(;	a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
ues		103				um	
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						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)), or s	section)		
						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 expenditures from the prior year?				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Pa			3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	lotal			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	• • •		4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			

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.

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

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Page 4

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

2015

Internal Revenues Service Instructions is at www.rep.gov/form990.
LEGAL MOMENTUM 23-7085442 Parti 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
Part I 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
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
I Total number at end of year
1 Total number at end of year
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of of year, 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? 6 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? PartII 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). Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure is easement on the last day of the tax year. a Total arceage restricted by conservation easements. 2a c Number of conservation easements. 2b d Number of conservation easements. 2b d Number of conservation easements. 2a d Number of conservation easements. 2a d Number of conservation easements. 2a d
3 Aggregate value of grants from (during year)
Aggregate value at end of year,,,,,,,, .
 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?
funds are the organization's property, subject to the organization's exclusive legal control?
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
conferring impermissible private benefit? Yes N 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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements Held at the End of the Tax Yea a Total number of conservation easements 2b 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 2d 3 Number of states where property subject to conservation easements included is nolic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds? Yes res 4 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements tholds? Yes res 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Yes res
PartII 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). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of on fautral habitat Preservation of a certified historic structure Preservation of one space Preservation of a conservation easement on the last day of the tax year. a Total number of conservation easements
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1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., 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 contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Yea a Total number of conservation easements
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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
 A Number of states where property subject to conservation easement is located ▶
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the yes \$
 S B 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 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
 S B 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 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
 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 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
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organization's accounting for conservation easements. 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.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sh
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sh works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance shi
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance
public service, provide the following amounts relating to these items:
(i) Revenue included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the formation of the second data of th
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2
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Part III Organization subilitor, accession, and other records, chock any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition d Loan or exchange programs b Bread the exhibition d Loan or exchange programs c Drearvation for future generations e Loan or exchange programs c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, diff the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raibe funds rather than to be maintained as part of the organization's collection? Yes No Part VI Ecrow and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21, or escrive or other assets not include an form 990, Part X, line 21, or escrive or or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: the organization answered "Yes" on Form 990, Part IV, line 10. Tendowent Funds. Image: the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered "Yes" on F	Scheo	dule D (Form 990) 2015								Page 2
collection terms (check all that apply): d Loan or exchange programs b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization's collection? Yes No Part ME Excow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No Complete if the organization include an amount on Form 990, Part X, line 21. (or eacrow or custodial account liability? Yes No D bit roganization include an amount on Form 990, Part IV, line 10. Yes. No Pervive The organization include an amount on Form 990, Part IV, line 10. Yes No Complete if the organization answered "Yes" on F	Par	t III Organizations Maintainir	ng Collections of	Art, Historica	I Treasures	, or Oth	er Similar Asse	ets (con	tinue	əd)
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d Additions during the year id e Distributions during the year id 1 id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,00							Amount			
e Distributions during the year	C									
f Ending balance Image: Im	d					3				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (e) Fouryears back (e) Four years bac	е									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 200,000. 200,000.	f									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		5								No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: the set of the organization answered "Yes" on Form 990, Part IV, line 10. Image: the set of			n Part XIII. Check h	ere if the explana	tion has been	provided c	on Part XIII			
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 200,000. 200,00	Par									
1a Beginning of year balance 200,000		Complete if the organizat		<u>s" on Form 990</u>						
1a Degnifinity of year balance			(a) Current year				(d) Three years back	(e) Four	years	back
b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities and programs Image: Contributions Image: Contributions Image: Contributions g End of year balance 200,000. 200,000. 200,000. 200,000. 200,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations Image: Contribution X (i) unrelated organizations Image: Contribution S and Control (Image: Cont	1a	Beginning of year balance	200,000.	200,00	0. 20	0,000.	200,000.		200,	000.
c Net investment earnings, gains, and losses										
and losses										
d Grants or scholarships	Ŭ									
e Other expenditures for facilities and programs	Ь									
and programs and programand program and programs and		-								
f Administrative expenses	e	-								
g End of year balance 200,000.<										
g End of year balance :	T	-	200,000.	200.00	0. 20	0.000.	200,000.		200.	000.
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	•		· · · · · ·						,	
b Permanent endowment ▶ 100.0000 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) x 3a Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 depreciation (d) Book value 1a Land, Buildings, and Equipment. Complete if the organization = 89,890. 45,636. 44,254. d Equipment				°,	1g, column (a)) neid as:				
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (o) Cost or other basis (o) Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (o) Cost or other basis (o) Herciation (b) Cost or other basis (c) Accumulated depreciation (c) Accumulated depreciation (d) Book value (investment) (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (a) Cost or other basis (c) Accumulated depreciation (c) Accumulated (d) Book value (d) Book value (a) Cost or other basis (c) Accumulated (c) Accumulated depreciation (c) Leasehold improvements (a) Cost or other basis (c) Accumulated (c) Book value (b) Cost or other basis (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accu	_			/0						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(i) 3a(ii) 3a(iii) 3a(iii)		· · · · · · · · · · · · · · · · · · ·								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b image: state stat	C		·	1000/						
organization by: Yes No (i) unrelated organizations. 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land, 1 1 1 4 4 4 b Buildings 1 1 4 5,075 8,087. c Leasehold improvements 89,890. 45,636. 44,254. 44,254. d Equipment 13,162. 5,075. 8,087. e Other 87,851. 87,851. 87,851.	•		•			ن ما م ما م				
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1 1 Land 1 1 b Buildings 1 1 1 3 4 c Leasehold improvements 89,890, 45,636, 44,254, 44,254, d Equipment 13,162, 5,075, 8,087, 8,087, e Other 87,851, 87,851, 87,851, 87,851,	3a		the possession of the	ne organization ti	hat are held a	na admini	istered for the	Г	Vac	No
(i) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. 1 1 1 1 1 b Buildings 1 1 1 4 1 4 c Leasehold improvements 89,890. 45,636. 44,254. 4 4 c Uppend 13,162. 5,075. 8,087. 8 8 8 7,851. 8									res	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 89,890. 45,636. 44,254. d Equipment 13,162. 5,075. 8,087. e Other 87,851. 87,851.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land										X
Part VILand, Buildings, and Equipment. 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 (investment)(c) Accumulated depreciation(d) Book value1aLand	b							3b		
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 (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	_			tion's endowmen	t funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Landb Buildingsc Leasehold improvements89,890.45,636.44,254.d Equipment13,162.5,075.8,087.e Other87,851.87,851.	Par	t VI Land, Buildings, and Equi	pment. tion answered "Ve	s" on Form 99() Part IV lin	o 110 Se	e Form 990 Pa	rt X line	10	
Ia Land Image: Constraint of the state										
b Buildings Image: Constraint of the system State			(inves					., 2001. 14		
c Leasehold improvements 89,890. 45,636. 44,254. d Equipment 13,162. 5,075. 8,087. e Other 87,851. 87,851. 87,851.	1a	Land								
d Equipment 13,162. 5,075. 8,087. e Other 87,851. 87,851.	b	~								
e Other 87,851. 87,851.	С	Leasehold improvements							14,2	254.
e Other	d	Equipment			13,162		5,075.		8,0	87.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 52, 341.	е				87,851	. 8	37,851.			
	Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	n 990, Part X, col	umn (B), line	10c.)	>		52,3	341.

Schedule D (Form 990) 2015

Schedule D (F	Form 990) 2015		Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
<u>(A)</u>			
<u>(B)</u>			
<u>(C)</u>			
<u>(D)</u>			
<u>(E)</u> (F)			
<u>(</u> (-) (G)			
(H)			
Part VIII	Investments - Program Related.		
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.		
		"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	►
Part X	Other Liabilities.		
		"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		<u> </u>	
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,757,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,020,475.
3	Subtract line 2e from line 1	3	2,736,860.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a -6, 288.		
b	Other (Describe in Part XIII.)	1	
c c	Add lines 4a and 4b	4c	-6,288.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	2,730,572.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,616,765.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
a L	Prior year adjustments		
b			
C			
d		2e	1,031,479.
e	Add lines 2a through 2d	3	2,585,286.
3	Subtract line 2e from line 1	3	2,303,200.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	2 505 206
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	2,585,286.
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	<u>vrt \ / - !</u>	no 1: Dort V line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

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Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

INCOME TAX UNCERTAINTIES:

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4A AND PART XII, LINE 2D DURING FISCAL-YEAR 2016, THE ORGANIZATION WROTE OFF PROPERTY AND EQUIPMENT OF \$87,965, WITH ACCUMULATED DEPRECIATION OF \$81,677, RESULTING IN LOSS ON THE DISPOSITION OF \$6,288. THIS LOSS WAS CAPTURED ON THE ORGANIZATIONS FINANCIAL STATEMENTS AS A MISCELLANOUES EXPENSE.

SCHEDULE G		ntal Information Regarding Fundraising or Gaming Activities					OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	he organization answer organization entered r				19, or if the	2015
Department of the Treasury	► Information of	Attach t out Schedule G (Form 9		or Form 990			Open to Public
Internal Revenue Service Name of the organization	Information ab	out Schedule G (Form s	990 or 990-E	Z) and its in	structions is at www.ir	s.gov/form990. Employer identificati	Inspection
LEGAL MOMENTUM						23-7085442	
	ng Activities. Com	plete if the orga	nization a	answered	"Yes" on Form 9		
Dort)-EZ filers are not i						, , , , ,
	the organization rais		•		activities. Check a	all that apply.	
a Mail solicitat	•	e		•	non-government g		
	email solicitations	f			government grants		
c Phone solicit	tations	g			ising events		
d 📃 In-person so	licitations						
2a Did the organizat	ion have a written o	r oral agreement w	ith any inc	dividual (in	cluding officers, d	irectors, trustees	
	s listed in Form 990,					-	Yes No
	en highest paid indi		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at I	east \$5,000 by the o	organization.					
(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
						col. (i)	organization
4			Yes	No			
1							
2							
-							
3							
4							
5							
6							
7							
8							
o							
9							
5							
10							
		1	1				
Total							
3 List all states in	which the organizat	tion is registered o	r licensed	l to solicit	contributions or	has been notified	I it is exempt from

registration or licensing.

		(a) Event #1 AIMING HIGH	(b) Event #2 EQUAL OPPORTUN	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Kevenue	1 Gross receipts	821,514.	386,854.	0.	1,208,368
Y	 Less: Contributions Gross income (line 1 minus 	720,083.	335,510.	0.	1,055,593
	line 2)	101,431.	51,344.	0.	152,775
	4 Cash prizes			0.	
	5 Noncash prizes			0.	
Expenses	6 Rent/facility costs			0.	
ğ	7 Food and beverages	101,431.	51,344.	0.	152,775
Ш Н					
הוופמ ב	8 Entertainment			0.	
Direct E				0.	
Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the org 	4 through 9 in column (d 10 from line 3, column (c janization answered "Y)	0.	152,775 orted more
Pirect	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line 	4 through 9 in column (d 10 from line 3, column (c janization answered "Y)	0.	
Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the org than \$15,000 on Form 990- 	4 through 9 in column (d 10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	l) és " on Form 990, Par (b) Pull tabs/instant	0. ► ► t IV, line 19, or repo	orted more (d) Total gaming (add
Revenue a Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 	4 through 9 in column (d 10 from line 3, column (d janization answered "Y EZ, line 6a. (a) Bingo	l) és " on Form 990, Par (b) Pull tabs/instant	0. ► ► t IV, line 19, or repo	orted more (d) Total gaming (add
penses Revenue o Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 	4 through 9 in column (d 10 from line 3, column (d janization answered "Y EZ, line 6a. (a) Bingo	l) és " on Form 990, Par (b) Pull tabs/instant	0. ► ► t IV, line 19, or repo	orted more (d) Total gaming (add
penses Revenue o Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 	4 through 9 in column (d 10 from line 3, column (d janization answered "Y EZ, line 6a. (a) Bingo	l) és " on Form 990, Par (b) Pull tabs/instant	0. ► ► t IV, line 19, or repo	orted more (d) Total gaming (add
penses Revenue a Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	4 through 9 in column (d 10 from line 3, column (d janization answered "Y EZ, line 6a. (a) Bingo	I) 'es" on Form 990, Par	0 . ► • • • • • • • • • • • • • • • • • • •	orted more (d) Total gaming (add
Revenue a Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 11 Net income summary. Subtract line art III Gaming. Complete if the orgethan \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	4 through 9 in column (d 10 from line 3, column (d janization answered "Y EZ, line 6a. (a) Bingo	I) 'es" on Form 990, Par	0. ► ► t IV, line 19, or repo	orted more (d) Total gaming (add

- a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

JSA

Sched	Jule G (Form 990 or 990-EZ) 2015	25 /00	55112	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
				<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			/0
17	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С				
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а		oceeds to	0	
	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt org			
	or spent in the organization's own exempt activities during the tax year > \$		-	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns	; (iii) and	(v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			мв No. 20)	1545-0 15	047		
		Complete if the organization	n answered "Yes" on Form 990, Part IV, li	ne 23.	pen to		alic
	nent of the Treasury Revenue Service		Attach to Form 990. rm 990) and its instructions is at <i>www.irs.<mark>c</mark></i>			ectio	
Name	of the organization			Employer identification			
LEGA	AL MOMENTUN	4		23-708544	2		
Part	Question	ns Regarding Compensation					
						Yes	No
1a		propriate box(es) if the organization pro					
		Section A, line 1a. Complete Part III to					
		ss or charter travel	Housing allowance or residence	•			
	Travel for companions Payments for business use of personal residence						
		emnification and gross-up payments	Health or social club dues or init				
	Discretio	onary spending account	Personal services (e.g., maid, ch	autteur, cnet)			
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the example.	penses described above? If "No,"	complete Part III to			
2	explain		to reimburging or ellowing even		1b		
2	-	anization require substantiation prior stees, and officers, including the CEC		-			
					2		
2					-		
3		n, if any, of the following the filing organ CEO/Executive Director. Check all the					
		ization to establish compensation of th					
	Comper	nsation committee	X Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
		00 of other organizations	X Approval by the board or compe	ensation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respe	ect to the filing			
а		verance payment or change-of-control p	ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		Х
С	Participate in	, or receive payment from, an equity-ba	sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	ovide the applicable amounts for each	ch item in Part III.			
	-	501(c)(3), 501(c)(4), and 501(c)(29) or					
5	•	isted on Form 990, Part VII, Section A	line 1a, did the organization pay or acc	rue any			
	•	n contingent on the revenues of:					X
a L					5a		X
b		rganization? e 5a or 5b, describe in Part III.			5b		
6		isted on Form 990, Part VII, Section A	line 1a, did the organization pay or acc	rue anv			
0	•	n contingent on the net earnings of:					
а	•	ion?			6a		X
b		rganization?			6b		Х
-		e 6a or 6b, describe in Part III.					
7		listed on Form 990, Part VII, Sectio	n A. line 1a. did the organization n	rovide any non-fixed			
•		described on lines 5 and 6? If "Yes," d			7		Х
8		ounts reported on Form 990, Part VII,					
	to the initia	I contract exception described in	Regulations section 53.4958-4(a)(3)	? If "Yes," describe			
	in Part III				8		Х
9	If "Yes" to li	ine 8, did the organization also fol	ow the rebuttable presumption pro	cedure described in			
	Regulations s	ection 53.4958-6(c)?	<u> </u>		9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 are not 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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CAROL ROBLES-ROMAN	(i)	200,138.	0.	0.	7,950.	28,843.	236,931.	0.
1 ^{PRESIDENT AND CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
LYNN SCHAFRAN	(i)	148,686.	0.	0.	4,950.	20,111.	173,747.	0.
2 ^{VP - NAT'L JUDCIAL EDU. PROG.}	(ii)	0.	0.	0.	0.	0.	0.	0.
PENNY VENETIS	(i)	166,088.	0.	0.	0.	26,440.	192,528.	0.
3 EXECUTIVE VP & LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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 part for any additional information.

SCHEDULE J, PART II

REVIEW OF OFFICER COMPENSATION:

THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION FOR THE PRESIDENT,

WHICH IS APPROVED BY THE ENTIRE BOARD. THE BOARD CONSULTS WITH THE

PRESIDENT ON COMPENSATION FOR OTHER EXECUTIVE STAFF. COMPENSATION WAS

DETERMINED USING COMPARABLE DATA FROM CERTAIN OUTSIDE ORGANIZATIONS.

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

►

Information about Schedule M	(Form 990) aı	nd its instructions is at	www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

JSA 5E1298 1.000

v/form990.	Inspection
Employer ident	tification number

23-7085442

LEGAL MOMENTUM

rt I	Τ	nes	of	Pro	nerty

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	X	9.	53,020.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
45	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18 19	Collectibles				
20	Food inventory 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	by the org	anization during the tax y	ear for contributions for	
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	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 for		olding period?		30a X
	If "Yes," describe the arrangement i				
31	Does the organization have a	• ·			
	contributions? 31 X a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Contribution of the second				
32a	-		-		
	contributions?	• • • • • •			32a X
	If "Yes," describe in Part II.		oolump (o) for o typo of and	north for which column (-)) is shocked
33	If the organization did not report an describe in Part II.	i amount in	column (c) for a type of pro	perty for which column (a,	
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) (2015)

Page 2

Part II Supplemental Information. Complete this part to 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 M, PART I, LINE 32A

LEGAL MOMENTUM USES CHARLES SCHWAB TO SELL ITS DONATED SECURITIES.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Internal Revenue Service Name of the organization LEGAL MOMENTUM

FORM 990, PART III, QUESTION 4B

LEGAL PROGRAMS:

LEGAL MOMENTUM'S LEGAL DEPARTMENT FOCUSES ON A NUMBER OF ISSUES OF IMPORTANCE TO THE PHYSICAL AND ECONOMIC SAFETY AND PROTECTION OF WOMEN AND CHILDREN, INCLUDING:

ASSISTING VICTIMS OF HUMAN TRAFFICKING: LEGAL MOMENTUM HAS DEVELOPED A NATIONAL COALITION OF TRAFFICKING VICTIM SERVICE PROVIDERS (MANY OF WHICH ARE SURVIVOR LED) TO PREVENT THE MOST VULNERABLE CHILDREN FROM BEING COMMERCIALLY SEXUALLY EXPLOITED, AND TO LAUNCH INITIATIVES, LEGAL CHALLENGES, AND POLICY REFORM TO END THESE ABUSES NATIONALLY. LEGAL MOMENTUM IS ALSO CREATING TECHNICAL ASSISTANCE AND RISK ASSESSMENT TOOLS TO PREVENT SEXUAL EXPLOITATION OF AT-RISK YOUTH, ESPECIALLY AT-RISK YOUTH OF COLOR. LEGAL MOMENTUM IS REPRESENTING TRAFFICKING VICTIMS AND SOCIAL SERVICE PROVIDERS IN LAWSUITS TO RECOUP DAMAGES FROM CORPORATIONS THAT FACILITATE SEX TRAFFICKING.

PROTECTION FOR PREGNANT WORKERS: ALTHOUGH FEDERAL LAW BARS EMPLOYERS FROM DISCRIMINATING AGAINST WOMEN ON THE BASIS OF PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITION, THE LAW IS OFTENTIMES NOT PROPERLY ENFORCED, MISUNDERSTOOD OR IGNORED BY EMPLOYERS, INCLUDING PRIVATE AND PUBLIC ENTITIES. FOR EXAMPLE, MANY PREGNANT WORKERS WHO ARE UNDER TEMPORARY LIMITATIONS DO NOT RECEIVE REASONABLE ACCOMMODATIONS IN THEIR WORKPLACES; THEY MAY BE DEMOTED OR EVEN FIRED IF THE EMPLOYER CONCLUDES THAT THE

Page 2

ACCOMMODATION POLICIES MANDATE IS TOO COSTLY TO CONTINUE EMPLOYING THE WOMAN. LEGAL MOMENTUM ADVOCATES AND LITIGATES ON BEHALF OF WOMEN'S WORKPLACE PROTECTIONS, AS WELL AS PROVIDING TARGETED OUTREACH AND PUBLIC EDUCATION IN ORDER TO INCREASE THE KNOWLEDGE BASE AND EMPLOYER ACCESS TO MODEL POLICIES.

OCCUPATIONAL SEGREGATION: THROUGH LITIGATION AND ADVOCACY ACTIVITIES, LEGAL MOMENTUM WORKS TO BREAK DOWN THE MANY BARRIERS (INCLUDING ENTRANCE EXAMS AND ON-THE-JOB HARASSMENT) THAT PERPETUATE THE OCCUPATIONAL SEGREGATION IN MANY OF THE HIGHER WAGE FIELDS (SUCH AS CONSTRUCTION AND SKILLED TRADES, POLICE AND FIRE FIGHTERS) AND ESTABLISH THE RIGHTS OF WOMEN WORKERS TO ENTER AND WORK WITHOUT HARASSMENT IN THESE FIELDS.

SEXUAL ASSAULT AND DATING VIOLENCE IN SCHOOLS: LEGAL MOMENTUM PROVIDES LEGAL ASSISTANCE AND COUNSELING TO VICTIMS OF CAMPUS SEXUAL ASSAULT (KINDERGARTEN THROUGH GRADUATE SCHOOL). LEGAL MOMENTUM ALSO TRAINS GOVERNMENTAL AGENCIES ON HOW TO RECOGNIZE AND RESPOND TO SEXUAL ASSAULT AND DATING VIOLENCE IN THE EDUCATIONAL SETTING, AND ON THE LAWS THAT GOVERN CAMPUS SEXUAL ASSAULT.

"SEXTORTION": LEGAL MOMENTUM IS WORKING ON VARIOUS PROJECTS TO ENSURE THAT SEXUAL EXTORTION IS RECOGNIZED AS A SEX CRIME, AND THAT THERE IS A CIVIL REMEDY FOR SEXUAL EXTORTION. LEGAL MOMENTUM ISSUED AN ACCLAIMED REPORT (TOGETHER WITH THE THOMSON REUTERS FOUNDATION AND ORRICK, HERRINGTON & SUTCLIFFE): A CALL TO ACTION: ENDING SEXTORTION IN THE

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JSA 5E1228 1.000

Employer identification number 23-7085442

DIGITAL AGE. LEGAL MOMENTUM IS DEVISING EDUCATIONAL TOOLS TO HELP FAMILIES PROTECT AGAINST ONLINE SEXTORTION, WHICH THE FBI HAS LABELED THE BIGGEST THREAT TO TODAY'S CHILDREN, TWEENS AND TEENS.

HELPING SEXUAL ASSAULT VICTIMS NAVIGATE THE CRIMINAL JUSTICE SYSTEM: LEGAL MOMENTUM HAS RECEIVED A GRANT FROM THE U.S. OFFICE OF VIOLENCE AGAINST WOMEN (OVW) TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO OVW GRANTEES ON HOW TO PROVIDE EFFECTIVE LEGAL ADVOCACY FOR SEXUAL ASSAULT VICTIMS WHO ARE ATTEMPTING TO NAVIGATE THE CRIMINAL JUSTICE SYSTEM. LEGAL MOMENTUM WILL WORK WITH STATE SEXUAL ASSAULT COALITIONS, VICTIM ADVOCACY ORGANIZATIONS, AND OTHER OVW GRANTEES AND POTENTIAL GRANTEES TO ENHANCE THEIR ABILITY TO SUPPORT SEXUAL ASSAULT VICTIMS PARTICIPATING IN THE CRIMINAL PROCESS.

THIS WORKPLACE IS A DV FREE ZONE: LEGAL MOMENTUM HAS DEVELOPED A "DOMESTIC AND SEXUAL VIOLENCE WORKPLACE BILL OF RIGHTS" WHICH INCLUDES A MODEL DOMESTIC VIOLENCE WORKPLACE POLICY FOR COMPANIES AND ORGANIZATION TO ADOPT WHICH PROTECTS VICTIMS, THEIR CO-WORKERS, AND EMPLOYERS. THE POLICY HELPS EMPLOYERS HANDLE SITUATIONS WHERE AN EMPLOYEE IS A VICTIM-OR A PERPETRATOR- OF DOMESTIC VIOLENCE.

HELPLINE - DIRECT SERVICES AND TECHNICAL ASSISTANCE: LEGAL MOMENTUM'S HELPLINE RECEIVES OVER ONE THOUSAND CALLS PER YEAR FROM WOMEN SEEKING ASSISTANCE FOR SUCH MATTERS AS FAMILY LAW (DIVORCE AND CHILD CUSTODY), EMPLOYMENT ISSUES (SEXUAL HARASSMENT, SEXUAL DISCRIMINATION, PREGNANCY

218786

JSA 5E1228 1.000 ACCOMMODATION), CAMPUS SEXUAL ASSAULT, IMMIGRATION, AND HOUSING DISCRIMINATION. CALLERS ARE PROVIDED WITH EITHER DIRECT REPRESENTATION, TECHNICAL ASSISTANCE, OR REFERRALS TO OTHER LEGAL SERVICE PROVIDERS (INCLUDING THE PRIVATE BAR), AND GOVERNMENT AGENCIES.

FORM 990, PART VI, SECTION B, QUESTION 11B FORM 990 IS DELIVERED TO AND REVIEWED BY ALL BOARD MEMBERS PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, QUESTION 12C MONITORING OF CONFLICT OF INTEREST POLICY: ALL BOARD MEMBERS ARE ASKED TO COMPLETE A FORMAL CONFLICT OF INTEREST FORM/QUESTIONNAIRE ANNUALLY. THE REVIEW OF THE FORMS IS CONDUCTED BY A BOARD MEMBER AND NOTED IN THE APPROPRIATE MINUTES.

FORM 990, PART VI, SECTION B, QUESTION 15A & 15B REVIEW OF OFFICER COMPENSATION:

THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION FOR THE PRESIDENT, WHICH IS APPROVED BY THE ENTIRE BOARD. THE BOARD CONSULTS WITH THE PRESIDENT ON COMPENSATION FOR OTHER EXECUTIVE STAFF. COMPENSATION WAS DETERMINED USING COMPARABLE DATA FROM CERTAIN OUTSIDE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, QUESTION 19 AVAILABILITY OF ORGANIZATION DOCUMENTS:

JSA 5E1228 1.000

THE IRS FORM 990 IS AVAILABLE AT THE OFFICE OF THE ORGANIZATION AND ON ITS WEBSITE. FINANCIAL STATEMENTS, THE BY-LAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

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Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
LEGAL MOMENTUM	23-7085442			

FORM 8868

APPLICATION FOR AN EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION

RETURN WAS ELECTRONICALLY FILED.

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,

MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI, SC, TN, UT, VA, WA, WV, WI,

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ATTACHMENT 1