

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

B Check if applicable: C Name of organization THE CENTER FOR VICTIMS OF TORTURE D Employer identification number 36-3383933 E Telephone number (612) 436-4800 G Gross receipts \$ 29,220,977. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.CVT.ORG K Form of organization: L Year of formation: 1985 M State of legal domicile: MN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO HEAL THE WOUNDS OF TORTURE AND TO STOP TORTURE WORLDWIDE. 2-7 Governance metrics. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer SONYA FUNNA EVELYN, PRESIDENT & CEO. Date. Preparer: RICHARD J. LOCASTRO, CPA. Date 03/26/2026. PTIN P00288314. Firm: GELMAN, ROSENBERG & FREEDMAN. Address: 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930. Phone no. 301-951-9090.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CENTER FOR VICTIMS OF TORTURE WORKS TO HEAL THE WOUNDS OF TORTURE ON INDIVIDUALS, THEIR FAMILIES AND THEIR COMMUNITIES AND TO STOP TORTURE WORLDWIDE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 6,759,318. including grants of \$ 247,933.) (Revenue \$ 125,644.) INTERNATIONAL SERVICES

CVT'S INTERNATIONAL DIRECT SERVICES INCLUDE GROUP COUNSELING/THERAPY, SOCIAL SERVICES, AND PHYSIOTHERAPY AS WELL AS OTHER RESILIENCE-FOCUSED INTERVENTIONS. IN ETHIOPIA, CVT WORKS IN REFUGEE CAMPS AND INTERNALLY DISPLACED COMMUNITIES IN THE COUNTRY'S NORTH. CVT MAINTAINS SMALL OPERATIONS IN TWO LOCATIONS IN KENYA, INCLUDING NAIROBI AND KAKUMA REFUGEE CAMP. IN UGANDA, CVT HAS A LONG-STANDING CENTER IN GULU WHERE SURVIVORS OF THE LORD'S RESISTANCE ARMY ATROCITIES RECEIVE CARE AND PURSUE THEIR JUSTICE GOALS.

DUE TO STOP WORK ORDERS AND SUBSEQUENT AWARD TERMINATION, CVT'S DIRECT

4b (Code:) (Expenses \$ 6,151,080. including grants of \$ 690,088.) (Revenue \$ 944,413.) U.S. CLIENT SERVICES

IMPACT AND HOLISTIC RECOVERY DEDICATED TO HEALING THE PROFOUND PHYSICAL AND PSYCHOLOGICAL WOUNDS INFLICTED BY TORTURE, OUR U.S. CLIENT SERVICES PROGRAMS (CSP) REACHED A SIGNIFICANT MILESTONE THIS YEAR, PROVIDING LIFE-RESTORING CARE TO MORE THAN 1,900 SURVIVORS OF TORTURE, THEIR FAMILY MEMBERS, AND BROADER COMMUNITY MEMBERS. BY ADDRESSING THE SYSTEMIC IMPACT OF TRAUMA, OUR CLINICAL INITIATIVES CONTINUE TO FOSTER RESILIENCE ACROSS OUR PRIMARY SERVICE HUBS IN ST. PAUL AND ST. CLOUD, MINNESOTA; ATLANTA, GEORGIA; AND ARIZONA.

4c (Code:) (Expenses \$ 5,285,958. including grants of \$ 832,335.) (Revenue \$) CAPACITY DEVELOPMENT

CVT'S CAPACITY DEVELOPMENT (CD) DEPARTMENT SUPPORTS ORGANIZATIONS AND INDIVIDUALS TO STRENGTHEN THEIR CAPACITY TO ENGAGE IN TORTURE AND TRAUMA PREVENTION AND REHABILITATION WORK, INCLUDING ADVANCING JUSTICE AND ACCOUNTABILITY. THROUGH TRAINING, MENTORING, COACHING, CONSULTING, AND PEER EXCHANGE, CD INITIATIVES SUPPORT OTHER ORGANIZATIONS TO ACHIEVE IMPROVEMENTS IN ADVOCACY, JOB PERFORMANCE, SECURITY, AND ORGANIZATIONAL FUNCTIONING (INCLUDING IMPROVED SERVICE QUALITY FOR TORTURE SURVIVORS).

THE NATIONAL CAPACITY BUILDING (NCB) PROJECT ORGANIZES TECHNICAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,069,118. including grants of \$) (Revenue \$)

4e Total program service expenses 19,265,474.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include 2a (employees: 185), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a, 14b, 15, 16, 17 (Section 501(c)(21) organizations).

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARY KINDER - (612) 436-4878
2356 UNIVERSITY AVENUE WEST, STE 430, SAINT PAUL, MN 55114

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SIMON ADAMS PRESIDENT AND CEO	45.00			X			242,196.	0.	32,740.	
(2) FAWN BERNHARDT-NOVELL VP OF ADVANCEMENT	45.00				X		148,667.	0.	29,275.	
(3) JAMES BEHNKE VP AND CFO	45.00			X			162,963.	0.	14,395.	
(4) STEPHEN SCOTT ROEHM DIR OF GLOBAL POLICY AND ADVOCACY	45.00				X		161,382.	0.	15,065.	
(5) EMILY HUTCHINSON VP OF GLOBAL PROGRAMS	45.00			X			154,131.	0.	4,212.	
(6) LEONCE BYIMANA DIR OF U.S. CLINICAL PROGRAMS	45.00				X		139,545.	0.	14,410.	
(7) NEAL PORTER DIR OF INTERNATIONAL SERVICES	45.00				X		127,088.	0.	22,360.	
(8) PAMELA SANTOSO DIR OF CAPACITY DEVELOPMENT	45.00				X		130,383.	0.	4,766.	
(9) JULIA CLASSEN BOARD CHAIR	5.00	X		X			0.	0.	0.	
(10) CONNIE MAGNUSON VICE CHAIR	5.00	X		X			0.	0.	0.	
(11) KATE BARR TREASURER	5.00	X		X			0.	0.	0.	
(12) S. SHAWN ROBERTS SECRETARY	5.00	X		X			0.	0.	0.	
(13) KADRA ABDI MEMBER AT-LARGE	5.00	X					0.	0.	0.	
(14) NOURA ALJIZAWI MEMBER AT-LARGE	5.00	X					0.	0.	0.	
(15) GLORIA CONTRERAS MEMBER AT-LARGE	5.00	X					0.	0.	0.	
(16) JANE DI LEO MEMBER AT-LARGE	5.00	X					0.	0.	0.	
(17) KAREN ERICKSON MEMBER AT-LARGE	5.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN HABICH MEMBER AT-LARGE	5.00	X						0.	0.	0.
(19) CHARLES HENRY MEMBER AT-LARGE	5.00	X						0.	0.	0.
(20) ANN HUNTRODS MEMBER AT-LARGE	5.00	X						0.	0.	0.
(21) DIEGO PINA LOPEZ MEMBER AT-LARGE	5.00	X						0.	0.	0.
(22) LENNON MHISHI MEMBER AT-LARGE	5.00	X						0.	0.	0.
(23) VALERIANA MOELLER MEMBER AT-LARGE	5.00	X						0.	0.	0.
(24) MONICA PARIKH MEMBER AT-LARGE	5.00	X						0.	0.	0.
(25) MARY TJOSVOLD MEMBER AT-LARGE	5.00	X						0.	0.	0.
1b Subtotal								1,266,355.	0.	137,223.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,266,355.	0.	137,223.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 26

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAL WARWICK & ASSOCIATES, INC, 2550 9TH STREET, SUITE 103, BERKELEY, CA 94710	DIRECT MARKETING & FUNDRAISING CONSULTI	899,551.
CHORA DESIGN, KENNERPLEIN 6: OFFICE 1,21, HAARLEM, NETHERLANDS 201MJ	2026 VISIONING CONSULTING	222,509.
HARVARD PROGRAM IN REFUGEE TRAUMA, 668 MAIN ST. STE 8, BOX 163, WILMINGTON, MA GRF, 4550 MONTGOMERY AVE.; #800N, BETHESDA, MD 20814	CAPACITY DEVELOPMENT CONSULTING	218,250.
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLI 28395 NETWORK PLACE, CHICAGO, IL 60673	AUDIT FIRM	148,188.
	CAPACITY DEVELOPMENT CONSULTING	105,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	17,267,120.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,224,050.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			27,491,170.			
Program Service Revenue	2 a U.S. CLINICAL PROGRAMS	Business Code					
		900099	944,413.	944,413.			
	b INTERNATIONAL SERVICES	900099	125,644.	125,644.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,070,057.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67,532.			67,532.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		15,516.			15,516.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	527,874.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	523,288.	102,839.			
	c Gain or (loss)	7c	4,586.	-102,839.			
	d Net gain or (loss)			-98,253.		-98,253.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	73,093.			73,093.	
	b LOSS ON CURRENCY CONVERSION	900099	-24,265.			-24,265.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			48,828.				
12 Total revenue. See instructions			28,594,850.	1,070,057.	0.	33,623.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	864,027.	864,027.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	906,329.	906,329.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	680,411.	10,582.	608,806.	61,023.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,814,965.	11,172,280.	2,135,242.	507,443.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	390,307.	324,920.	51,679.	13,708.
9 Other employee benefits	2,122,305.	1,671,150.	371,860.	79,295.
10 Payroll taxes	1,062,815.	823,540.	197,940.	41,335.
11 Fees for services (nonemployees):				
a Management				
b Legal	135,941.	123,449.	12,428.	64.
c Accounting	198,465.	105,211.	93,254.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	690,429.			690,429.
f Investment management fees	32,295.		32,295.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,249,328.	979,403.	268,933.	992.
12 Advertising and promotion	8,424.	24.	8,400.	
13 Office expenses	582,912.	218,730.	102,260.	261,922.
14 Information technology	591,577.	222,041.	317,891.	51,645.
15 Royalties				
16 Occupancy	912,656.	778,816.	108,342.	25,498.
17 Travel	476,483.	390,915.	37,992.	47,576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172,070.	117,680.	5,859.	48,531.
20 Interest	38,479.		38,479.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	264,351.		264,351.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	544,559.	526,108.	95.	18,356.
b SERVICE FEES	53,913.	30,269.	7,325.	16,319.
c PAYROLL PROCESSING FEES	47,387.		47,387.	
d BAD DEBT	40,642.			40,642.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	25,881,070.	19,265,474.	4,710,818.	1,904,778.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	411,964.	180,829.	0.	231,135.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,251,668.	1	420,901.
	2 Savings and temporary cash investments	521,578.	2	2,430,367.
	3 Pledges and grants receivable, net	3,571,916.	3	3,110,898.
	4 Accounts receivable, net	229,605.	4	96,400.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	446,831.	9	283,935.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,598,597.		
	b Less: accumulated depreciation	10b 2,941,480.		
	11 Investments - publicly traded securities	847,185.	10c	657,117.
	12 Investments - other securities. See Part IV, line 11	287,241.	11	310,818.
	13 Investments - program-related. See Part IV, line 11	2,506,470.	12	2,623,077.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,687,032.	15	1,179,590.	
	11,349,526.	16	11,113,103.	
Liabilities	17 Accounts payable and accrued expenses	1,978,485.	17	1,813,524.
	18 Grants payable	1,742,623.	18	368,773.
	19 Deferred revenue	63,226.	19	18,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,160,870.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,194,548.	25	750,498.
	26 Total liabilities. Add lines 17 through 25	6,139,752.	26	2,951,295.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,867,603.	27	4,892,313.
	28 Net assets with donor restrictions	3,342,171.	28	3,269,495.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,209,774.	32	8,161,808.
33 Total liabilities and net assets/fund balances	11,349,526.	33	11,113,103.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,594,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,881,070.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,713,780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,209,774.
5	Net unrealized gains (losses) on investments	5	237,580.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	674.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,161,808.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25134786.	26483098.	30078743.	31726065.	27491170.	140913862
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25134786.	26483098.	30078743.	31726065.	27491170.	140913862
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						140913862

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	25134786.	26483098.	30078743.	31726065.	27491170.	140913862
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,633.	9,818.	19,208.	32,838.	83,048.	150,545.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			53,719.	57,726.	73,093.	184,538.
11 Total support. Add lines 7 through 10						141248945
12 Gross receipts from related activities, etc. (see instructions)					12	5,468,348.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.76	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.86	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE CENTER FOR VICTIMS OF TORTURE

36-3383933

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number 36-3383933
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,779,304.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>4,723,846.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>6,366,634.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number 36-3383933
--	---

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

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

Name of organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number 36-3383933
--	---

Part III Exclusively 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 exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number (EIN) 36-3383933
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	2,073.													
c Total lobbying expenditures (add lines 1a and 1b)	2,073.													
d Other exempt purpose expenditures	25,156,253.													
e Total exempt purpose expenditures (add lines 1c and 1d)	25,158,326.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN 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	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	16,353.	3,842.	8,379.	2,073.	30,647.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	10,413.	429.	151.		10,993.

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 rows and 2 columns: Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 5 rows and 2 columns: 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE CENTER FOR VICTIMS OF TORTURE

Employer identification number

36-3383933

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- Number of states where property subject to conservation easement is located _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$ _____
(ii) Assets included in Form 990, Part X	\$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on 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) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow 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.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,160,539.	1,702,076.	1,512,688.	1,902,653.	1,892,653.
b Contributions	163,611.	233,261.	10,000.	25,383.	10,000.
c Net investment earnings, gains, and losses	217,159.	497,064.	236,343.	-415,348.	315,712.
d Grants or scholarships	217,159.	271,862.	56,955.		315,712.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,324,150.	2,160,539.	1,702,076.	1,512,688.	1,902,653.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 15.3549 %
 - b** Permanent endowment 84.6450 %
 - c** Term 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:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		96,300.		96,300.
b Buildings		1,133,759.	729,636.	404,123.
c Leasehold improvements		667,743.	650,378.	17,365.
d Equipment		1,478,009.	1,350,005.	128,004.
e Other		222,786.	211,461.	11,325.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				657,117.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS HELD AT		
(B) COMMUNITY FOUNDATIONS	2,623,077.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,623,077.	

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)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SOFTWARE IMPLEMENTATION	426,668.
(2) BENEFICIAL INTEREST IN LEAD TRUST	19,642.
(3) RIGHT-OF-USE ASSETS	733,280.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,179,590.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	750,498.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	750,498.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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.

1	Total revenue, gains, and other support per audited financial statements	1	28,878,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	237,580.
b	Donated services and use of facilities	2b	78,003.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	315,583.
3	Subtract line 2e from line 1	3	28,562,555.
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	32,295.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	32,295.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,594,850.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	25,926,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	78,003.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	78,003.
3	Subtract line 2e from line 1	3	25,848,775.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,295.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	32,295.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,881,070.

Part XIII Supplemental Information

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

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUNDS RESTRICTED BY DONORS FOR INVESTMENT IN PERPETUITY, AND INCLUDE ASSETS HELD BY A COMMUNITY FOUNDATION FOR THE BENEFIT OF CVT. DISTRIBUTIONS AND EARNINGS ON ENDOWMENT FUNDS ARE AVAILABLE FOR THE PURPOSES SPECIFIED BY THE DONORS, OR IN CERTAIN CASES, FOR THE UNRESTRICTED USE OF CVT.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number 36-3383933
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	5	206	PROGRAM SERVICES	MENTAL HEALTH SERVICES	3,741,952.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	4	68	PROGRAM SERVICES	MENTAL HEALTH SERVICES & CAP DEVELOP	2,411,515.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	5	PROGRAM SERVICES	CAPACITY DEVELOPMENT	421,473.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	1	PROGRAM SERVICES	CAPACITY DEVELOPMENT	103,392.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	1	PROGRAM SERVICES	CAPACITY DEVELOPMENT	66,331.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	1	PROGRAM SERVICES	CAPACITY DEVELOPMENT	4,512.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	1	PROGRAM SERVICES	CAPACITY DEVELOPMENT	24,058.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	1	PROGRAM SERVICES	CAPACITY DEVELOPMENT	1,701.
3 a Subtotal	9	284			6,774,934.
b Total from continuation sheets to Part I	0	0			906,329.
c Totals (add lines 3a and 3b)	9	284			7,681,263.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		96,535.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		62,424.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		235,132.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		55,493.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		254,790.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		91,933.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		110,022.
Totals					906,329.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CAPACITY DEVELOPMENT	55,493.	WIRE	0.		
		EUROPE	CAPACITY DEVELOPMENT	168,132.	WIRE	0.		
		MIDDLE EAST AND N. AFRICA	CAPACITY DEVELOPMENT	59,448.	WIRE	0.		
		NORTH AMERICA	CAPACITY DEVELOPMENT	224,790.	WIRE	0.		
		SOUTH AMERICA	CAPACITY DEVELOPMENT	91,933.	WIRE	0.		
		SOUTH ASIA	CAPACITY DEVELOPMENT	110,022.	WIRE	0.		
		SUB-SAHARAN AFRICA	CAPACITY DEVELOPMENT	86,535.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CAPACITY DEVELOPMENT	EUROPE	6	67,000.	WIRE TRANSFER	0.		
CAPACITY DEVELOPMENT	NORTH AMERICA	2	30,000.	WIRE TRANSFER	0.		
CAPACITY DEVELOPMENT	SUB-SAHARAN AFRICA	1	10,000.	WIRE TRANSFER	0.		
CAPACITY DEVELOPMENT	MIDDLE EAST AND NORTH AFRICA	1	2,976.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL SUBGRANTS ENTERED INTO BY CVT ARE MONITORED OVER THE COURSE OF THE AGREEMENT. SUBGRANTS OF A SHORT DURATION REQUIRED THE SUBGRANTEE TO SUBMIT A PROGRAM NARRATIVE AND FINANCIAL REPORT UPON CONTRACT COMPLETION. LONGER TERM SUBGRANTS REQUIRED NARRATIVE AND FINANCIAL REPORTING ON A MORE FREQUENT BASIS.

OVER THE COURSE OF THE SUBGRANT CVT WORKS WITH SUBGRANTEES TO ENSURE THAT PROGRAM GOALS ARE BEING MET AND PROBLEMS RESOLVED. CVT ALSO WORKS WITH SUBGRANTEES TO ENSURE COMPLIANCE WITH DONOR REQUIREMENTS.

CVT PROGRAM MANAGEMENT STAFF REQUEST BENEFICIARY PAYMENTS THROUGH A PAYMENT REQUEST FORM THAT IS EMAILED TO CVT ACCOUNTS PAYABLE. CVT ACCOUNTS PAYABLE STAFF ENSURES THAT THE BENEFICIARY HAS BEEN VETTED THROUGH LEXISNEXIS VETTING SOFTWARE PRIOR TO PAYMENT; THE FUNDING SOURCE OF THE BENEFICIARY PAYMENT IS ACCURATE; AND THAT THERE IS DOCUMENTATION ATTACHED TO THE PAYMENT REQUEST FORM THAT VERIFIES THIS IS AN ORGANIZATION OR INDIVIDUAL THAT IS FUNDED BY THE FUNDING SOURCE.

PART I, LINE 3:

THE ORGANIZATION'S ACCOUNTING SYSTEM SEPARATELY TRACKS EXPENDITURES MADE FROM HEADQUARTERS AND THOSE MADE FROM FIELD OFFICES. THE FIELD ACCOUNTS ARE KEPT ON A MODIFIED ACCRUAL BASIS.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
Revenue	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a 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 \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations 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 additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MAL WARWICK & ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 2550 9TH STREET; STE 103, BERKELEY, CA 94710

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE CENTER FOR VICTIMS OF TORTURE** Employer identification number **36-3383933**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFGHAN CULTURAL CENTER 301 CEDAR AVENUE MINNEAPOLIS, MN 55454	87-2735332	501(C)(3)	397,307.	0.			MENTAL HEALTH SERVICES
GEORGIA ASYLUM AND IMMIGRATION NETWORK - 229 PEACHTREE ST. N.D.; STE 1500 - ATLANTA, GA 30303	26-1733523	501(C)(3)	30,000.	0.			MENTAL HEALTH SERVICES
INTERNATIONAL RESUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	259,805.	0.			MENTAL HEALTH SERVICES
SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVE. #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	176,915.	0.			FISCAL AGENT SUPPORTING REFUGEE SOCIAL SERVICES AND LEGAL SERVICES FUNDING.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CVT PROGRAM MANAGEMENT STAFF REQUEST BENEFICIARY PAYMENTS THROUGH A PAYMENT REQUEST FORM THAT IS EMAILED TO CVT ACCOUNTS PAYABLE. CVT ACCOUNTS PAYABLE STAFF ENSURES THAT THE BENEFICIARY HAS BEEN VETTED THROUGH LEXISNEXIS VETTING SOFTWARE PRIOR TO PAYMENT; THE FUNDING SOURCE OF THE BENEFICIARY PAYMENT IS ACCURATE; AND THAT THERE IS DOCUMENTATION ATTACHED TO THE PAYMENT REQUEST FORM THAT VERIFIES THIS IS AN ORGANIZATION OR INDIVIDUAL THAT IS FUNDED BY THE FUNDING SOURCE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number 36-3383933
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SIMON ADAMS PRESIDENT AND CEO	(i)	242,196.	0.	0.	7,694.	25,046.	274,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FAWN BERNHARDT-NOVELL VP OF ADVANCEMENT	(i)	148,667.	0.	0.	4,229.	25,046.	177,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES BEHNKE VP AND CFO	(i)	162,963.	0.	0.	5,108.	9,287.	177,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN SCOTT ROEHM DIR OF GLOBAL POLICY AND ADVOCACY	(i)	161,382.	0.	0.	4,908.	10,157.	176,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMILY HUTCHINSON VP OF GLOBAL PROGRAMS	(i)	154,131.	0.	0.	3,454.	758.	158,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEONCE BYIMANA DIR OF U.S. CLINICAL PROGRAMS	(i)	139,545.	0.	0.	4,253.	10,157.	153,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE CENTER FOR VICTIMS OF TORTURE

Employer identification number

36-3383933

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SERVICES OPERATIONS IN THE GAMBELLA REGION OF ETHIOPIA, PARTS OF
NORTHERN ETHIOPIA, JORDAN, AND FOR RELEASED NICARAGUAN POLITICAL
PRISONERS, AS WELL AS A SUB-AWARD PROVIDING TECHNICAL ASSISTANCE TO
ANOTHER ORGANIZATION IN SOUTHWEST UGANDA, ALL ENDED IN SPRING 2025.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
STRATEGIC EXPANSION AND CROSS-BORDER CONTINUITY
RECOGNIZING THE SHIFTING PATTERNS OF MIGRATION AND THE ACUTE NEEDS OF
OUR CLIENTS IN TRANSIT, WE HAVE SUCCESSFULLY EXPANDED OUR GEOGRAPHIC
FOOTPRINT.

- INTERNATIONAL PRESENCE: IN NOGALES, MEXICO, WE LAUNCHED A SISTER
PROGRAM TO OUR ARIZONA-BASED PROYECTO MARIPOSA. THIS EXPANSION ALLOWS
FOR A CONTINUITY OF CARE THAT FOLLOWS THE NATURAL MOVEMENTS OF
ASYLUM-SEEKING FAMILIES, ENSURING THEY RECEIVE DESTINATION CASE
MANAGEMENT AND PSYCHOLOGICAL SUPPORT ON BOTH SIDES OF THE BORDER.

- SPECIALIZED INITIATIVES: WE CONTINUED TO OPERATE OUR HIGH-IMPACT
AFGHAN PROGRAMS; RAAHAT (GEORGIA) AND ARMAN (MINNESOTA). WORKING IN
LOCKSTEP WITH AFGHAN COMMUNITY PARTNERS, THESE PROGRAMS PROVIDED
INTENSIVE, CULTURALLY SPECIFIC SERVICES TO MORE THAN 300 PRIMARY AND
SECONDARY SURVIVORS THIS YEAR.

INNOVATION IN CARE AND SURVIVOR GOVERNANCE

THIS YEAR, WE TRANSITIONED TOWARD A MORE SYSTEMIC APPROACH TO HEALING
BY INTEGRATING ENHANCED FAMILY-FOCUSED THERAPY SERVICES. WE RECOGNIZE
THAT THE RECOVERY OF AN INDIVIDUAL IS DEEPLY TIED TO THE HEALTH OF THE
FAMILY UNIT.

FURTHERMORE, WE HAVE REINFORCED OUR COMMITMENT TO SURVIVOR-LED GROWTH
BY STRENGTHENING OUR SURVIVORS ADVISORY BOARD (SAB). IN A DIRECT EFFORT
TO ENSURE OUR PROGRAMMING REMAINS RESPONSIVE AND ETHICAL, WE HAVE
SUCCESSFULLY INTEGRATED THE BOARD'S 2024 RECOMMENDATIONS INTO OUR
STANDARD OPERATING PROCEDURES, PLACING SURVIVOR VOICES AT THE CENTER OF
OUR CLINICAL EVOLUTION.

CORE PILLARS OF SERVICE

WHILE OUR PROGRAMS ARE TAILORED TO THE UNIQUE CULTURAL AND GEOGRAPHIC
NEEDS OF EACH SITE, THEY ARE UNIFIED BY A CORE MULTIDISCIPLINARY
INTERVENTION MODEL:

- CLINICAL CARE: PSYCHOTHERAPY, COUNSELING, AND SPECIALIZED
PSYCHOEDUCATIONAL WORKSHOPS.

- COMPREHENSIVE CASE MANAGEMENT: SOCIAL WORK, RESOURCE NAVIGATION, AND
COMMUNITY REFERRALS.

- PHYSICAL HEALTH & WELLNESS: DIRECT PHYSIOTHERAPY AND MEDICAL SUPPORT.
IN OUR MINNESOTA SITES, WE HAVE FURTHER EXPANDED OUR "CARE TOOLS" TO
INCLUDE SPECIALIZED MASSAGE THERAPY.

- INTEGRATION SUPPORT: LEGAL AND DOCUMENTATION ASSISTANCE COMBINED WITH
ROBUST COMMUNITY ENGAGEMENT PROGRAMS, IN PARTNERSHIP WITH OUR LEGAL AND
COMMUNITY PARTNERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ASSISTANCE FOR A LARGE U.S.-BASED NETWORK OF 49 TORTURE SURVIVOR
CENTERS AND PROGRAMS IN 26 STATES, ALONG WITH OTHER REFUGEE AND

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
THE CENTER FOR VICTIMS OF TORTURE	36-3383933

IMMIGRANT SERVICE ORGANIZATIONS, TO STRENGTHEN THE DELIVERY OF INTEGRATED, SUSTAINABLE CARE FOR SURVIVORS ACROSS THE UNITED STATES. IN 2025 NCB PROVIDED TRAINING, WEBINARS, MEETINGS AND CONSULTATIONS BENEFITING AT LEAST 104 ORGANIZATIONS, REPRESENTING 602 NON-UNIQUE INDIVIDUALS.

THE HELPING SURVIVORS HEAL (HSH) PROJECT WORKED WITH 12 TORTURE REHABILITATION ORGANIZATIONS OUTSIDE THE U.S. TO EXPAND ACCESS TO APPROPRIATE EVIDENCE BASED MENTAL HEALTH AND PSYCHOSOCIAL SERVICES TO SURVIVORS OF TORTURE. UNFORTUNATELY, THE HSH PROJECT AND THESE PARTNERSHIPS WERE HALTED BY THE STOP WORK ORDERS FROM THE U.S. GOVERNMENT IN JANUARY 2025.

THE NEW TACTICS IN HUMAN RIGHTS PROGRAM PROMOTES ENHANCED STRATEGIC AND TACTICAL PLANNING AND ACTION AMONG THE GLOBAL HUMAN RIGHTS COMMUNITY AND ONLINE WITH THOUSANDS OF TRAINING PARTICIPANTS FROM 89 COUNTRIES. THE IDREAM PROJECT SUPPORTS HUMAN RIGHTS DEFENDERS (HRDS) AROUND THE WORLD WHO HAVE BEEN FORCED INTO EXILE DUE TO THEIR HUMAN RIGHTS ADVOCACY WORK, BY PROVIDING CAPACITY DEVELOPMENT SERVICES IN THESE THREE AREAS: MENTAL HEALTH RESILIENCE, EFFECTIVE ADVOCACY, AND INTEGRATED SECURITY; OTHER PROJECTS PROVIDE SIMILAR SUPPORT TO HRDS IN THEIR HOME COUNTRIES. THE ADAPTIVE RESILIENCE FOR CIVIL SOCIETY AT RISK (ARC) PROJECT MEASURABLY AND SUSTAINABLY FOSTERS THE HOLISTIC SECURITY AND RESILIENCE OF HUMAN RIGHTS GROUPS, USING A STRENGTHS-BASED AND ADAPTIVE APPROACH IN THE FACE OF DYNAMIC THREAT ENVIRONMENTS AND CLOSING CIVIC SPACE. IT BUILDS SAFETY, ENHANCES CONTEXTUALIZED AND ACCESSIBLE RESOURCES, AND SUPPORTS PEER COLLABORATION. CVT'S MYANMAR INITIATIVE ENGAGES WITH CIVIL SOCIETY IN REFUGE AND EXILE AS THEY PROVIDE PSYCHOSOCIAL SUPPORT TO THEIR COMMUNITIES.

THE SURVIVORS OF TORTURE INITIATIVE (SOTI) SUPPORTS SYRIAN CIVIL SOCIETY TO ADVANCE INCLUSIVE JUSTICE AND HEAL TRAUMA. WITH A NETWORK OF ABOUT 100 SYRIAN ORGANIZATIONS AS WELL AS INSTITUTIONS LIKE THE INTERNATIONAL, IMPARTIAL AND INDEPENDENT MECHANISM (IIIM) AND THE INDEPENDENT INSTITUTION ON MISSING PERSONS IN THE SYRIAN ARAB REPUBLIC (IIMP), SOTI PROVIDES CRITICAL SUPPORT TO GROUPS REBUILDING SYRIA. IT FOCUSES ON DETAINEES, TORTURE SURVIVORS AND THEIR FAMILIES, PROVIDING RESILIENCE AND REHABILITATION SERVICES TO VICTIMS AS WELL AS THE HUMAN RIGHTS DEFENDERS WHO SUPPORT THEM. ITS THERAPEUTIC MODEL FOR DOCUMENTATION OF VIOLATIONS SUPPORTS ADVOCACY, LITIGATION, AND INVESTIGATION EFFORTS. IN FY25, THE PROJECT ADAPTED TO SHIFTING CIRCUMSTANCES IN SYRIA AND THROUGHOUT THE REGION; HOWEVER, LENGTHY PROJECT SUSPENSION AND UNCERTAINTY IMPEDED CVT'S IMPLEMENTATION.

RELATEDLY, "SYSTEMS OF SUPPORT FOR VICTIMS AND WITNESSES OF ATROCITY CRIMES PARTICIPATING IN ACCOUNTABILITY PROCESSES" AIMS TO STRENGTHEN JUSTICE FOR SYRIANS. IT DOES THIS BY SUPPORTING CIVIL SOCIETY ORGANIZATIONS, COORDINATING SERVICES FOR VICTIMS AND WITNESSES, AND ENGAGING WITH ACCOUNTABILITY MECHANISMS TO CREATE AWARENESS OF PARTICIPATION BARRIERS. A CORNERSTONE OF THIS PROJECT IS THE CO-DESIGN OF A COLLABORATIVE SYSTEM FOR COORDINATING AND FUNDING SUPPORT ACROSS A WIDE RANGE OF NEEDS AND SERVICES. THIS PROJECT WAS SUSPENDED BEFORE THE CO-DESIGN PROCESS COULD TAKE PLACE, AND SUBGRANTS COULD NOT BE ISSUED DUE TO THE UNCERTAINTY OF ONGOING PROJECT REVIEWS.

CVT'S EFFORTS TO REGISTER AND INITIATE OPERATIONS INSIDE SYRIA WERE SUPPORTED BY PRIVATE FUNDING.

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IN IRAQ, CVT'S "JUSTICE WITH THE SHABAK" PROJECT AIMS TO ADVANCE JUSTICE AND ACCOUNTABILITY BY STRENGTHENING REPARATIONS ENGAGEMENT FOR SHABAK SURVIVORS OF ATROCITY CRIMES WHO HAVE HISTORICALLY EXPERIENCED ABANDONMENT, EXCLUSION, AND MARGINALIZATION AND WHO FACE BARRIERS TO THEIR PARTICIPATION IN LEGAL REDRESS, NOTABLY CLAIMING THEIR RIGHTS UNDER THE YAZIDI SURVIVOR LAW (YSL). ACTIVITIES ARE FOCUSED ON UNDERSTANDING AND ADDRESSING THESE BARRIERS; PROVISION OF RESILIENCE SERVICES TO SUPPORT ENGAGEMENT; AND SUPPORTING SURVIVORS TO CLAIM BENEFITS UNDER REPARATIONS LAW. THE PROJECT AIMS TO PARTNER WITH COMMUNITY-BASED ORGANIZATIONS IN IMPLEMENTING ACTIVITIES AND PROVIDES TECHNICAL ASSISTANCE TO ACCOMPLISH JOINT EFFORTS. THE PROJECT WAS SUSPENDED AFTER THE FIRST QUARTER, WHICH LARGELY FOCUSED ON HIRING OF STAFF AND OTHER FOUNDATIONAL ACTIVITIES. FOLLOWING A LIFT OF SUSPENSION, UNCERTAINTY ABOUT THE PROJECT'S FUTURE IMPEDED ITS IMPLEMENTATION, IN PARTICULAR SUBGRANTS AND SERVICES.

CVT IS ALSO A SUBGRANTEE ON ANOTHER IRAQ-BASED PROJECT THAT AIMS TO EMPOWER THE "COALITION FOR JUST REPARATIONS" TO ADVANCE EFFECTIVE IMPLEMENTATION OF THE YAZIDI SURVIVOR LAW AND CRIMINAL JUSTICE EFFORTS. THE JIYAN FOUNDATION, WHICH LEADS THIS PROJECT, WORKS WITH CVT TO SUPPORT VICTIMS' ASSOCIATIONS, PROMOTE TRAUMA-INFORMED APPROACHES TO DOCUMENTATION, AND SUPPORT THE COALITION IN STRATEGIC ADVOCACY EFFORTS. THIS PROJECT WAS ALSO SUSPENDED FOR A PERIOD IN FY25.

FINALLY, CVT PARTICIPATED AS A CONSORTIUM MEMBER IN THE "TRANSITIONAL JUSTICE = RAPID RESPONSE" PROJECT, LED BY THE CENTER FOR JUSTICE AND ACCOUNTABILITY. IN FY25Q1, CVT ENGAGED IN DISCUSSIONS WITH THE CONSORTIUM AND DONOR ON THE PROJECT'S STRATEGIC DIRECTION; HOWEVER, THE PROJECT WAS SUSPENDED IN EARLY Q2 AND TERMINATED IN Q4 DUE TO DONOR RESTRUCTURING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EVALUATION AND RESEARCH

BUILDING A MOVEMENT OF HEALING AND JUSTICE REQUIRES A SPIRIT OF INNOVATION AND PROVEN EFFECTIVENESS. MEASURING OUTCOMES RESULTING FROM CVT'S DIRECT SERVICE AND CAPACITY DEVELOPMENT PORTFOLIO IS AN INTEGRAL COMPONENT OF THE ORGANIZATION'S APPROACH TO SERVICE DELIVERY. CVT HAS INTEGRATED MONITORING, EVALUATION, AND APPLIED RESEARCH INTO ITS PROGRAMMING FOR MORE THAN THREE DECADES AND HAS CONTINUED TO INCORPORATE NEW AND INNOVATIVE APPROACHES AS PROGRAMS HAVE EVOLVED. THE GLOBAL EVALUATION AND RESEARCH DEPARTMENT INCLUDES STAFF FROM DIVERSE BACKGROUNDS, EDUCATION, TRAINING AND EXPERIENCE, INCLUDING FAMILIARITY WITH A VARIETY OF METHODOLOGICAL APPROACHES TO MONITORING, PROGRAM EVALUATION AND APPLIED RESEARCH. CVT EVALUATION AND RESEARCH STAFF HAVE EXPERIENCE ADAPTING MEASURES AND DATA COLLECTION APPROACHES TO DIVERSE CULTURAL CONTEXTS AND COMPLEX ENVIRONMENTS.

BY THE END OF 2025, FOLLOWING STOP WORK ORDERS AND FUNDING CUTS IN EARLY 2025, THE EVALUATION AND RESEARCH DEPARTMENT CONSISTED OF 10 GLOBAL STAFF (AND ADDITIONAL IN-COUNTRY M&E STAFF), DOWN FROM 17 AT THE END OF 2024.
EXPENSES \$ 587,617. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY

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CVT'S GLOBAL POLICY AND ADVOCACY CENTERS ON ENSURING SAFETY, INCLUSION, AND JUSTICE FOR THOSE WHO HAVE SURVIVED TORTURE, CRUEL TREATMENT, OR OTHER CONFLICT-RELATED TRAUMA. THE WORK OFTEN CROSS-CUTS THESE AREAS, REFLECTING THE COMPLEXITY OF SURVIVORS' NEEDS AND THEIR INTERCONNECTED, FUNDAMENTAL HUMAN RIGHTS.

SAFETY: ADVANCING LAWFUL, FAIR, AND TRAUMA-INFORMED SYSTEMS THAT PROVIDE SAFE HAVEN FOR SURVIVORS, AND THAT EMPOWER PUBLIC AND PRIVATE STAKEHOLDERS TO ENGAGE SURVIVORS IN WAYS THAT CAN ENHANCE, RATHER THAN JEOPARDIZE, THEIR SENSE OF SAFETY.

INCLUSION: EXPANDING, IMPROVING, AND ENSURING EQUITABLE ACCESS TO PROGRAMS, POLICIES, AND PRACTICES THAT ENABLE SURVIVORS TO HEAL AND THRIVE, AND BUILDING RESOURCES FOR TORTURE REHABILITATION GLOBALLY.

JUSTICE: PURSUING STRATEGIES TO COMBAT IMPUNITY FOR PERPETRATORS OF TORTURE AND RELATED GROSS HUMAN RIGHTS VIOLATIONS, TO FULFILL SURVIVORS' RIGHT TO REDRESS AND REHABILITATION FOR THE CRIMES THEY ENDURED, AND TO PREVENT THOSE CRIMES FROM RECURRING.

EXPENSES \$ 481,501. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
JORDAN, ETHIOPIA, KENYA, UGANDA,
IRAQ

FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS AND APPROVES THE 990 BEFORE IT GOES TO THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF A BOARD MEMBER IS DISCLOSED TO THE CHAIRPERSON OF THE BOARD OF DIRECTORS BY THE PERSON CONCERNED. ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF A STAFF MEMBER IS DISCLOSED TO THAT STAFF MEMBER'S SUPERVISOR.

WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO THE MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON CALLS IT TO THE ATTENTION OF THE BOARD OF DIRECTORS [OR ITS COMMITTEE] AND SUCH PERSON DOES NOT VOTE ON THE MATTER.

MOREOVER, THE PERSON HAVING A CONFLICT RETIRES FROM THE BOARD [OR COMMITTEE] MEETING AND DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT PERSON PROVIDES THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION.

THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE REFLECTS THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT IN ATTENDANCE DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS [OR ITS COMMITTEE] EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN.

UNDER NO CIRCUMSTANCES DOES A MEMBER OF THE STAFF APPROVE A CONTRACT OR TRANSACTION IN WHICH SHE OR HE HAS A CONFLICT OF INTEREST.

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THIS CONFLICT OF INTEREST POLICY AND CONFLICT OF INTEREST DISCLOSURE STATEMENT IS FURNISHED ANNUALLY FOR SIGNING TO EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE WHO IS PRESENTLY SERVING OR HAS IN THE LAST FIVE YEARS SERVED THIS ORGANIZATION. ALL NEW DIRECTORS, OFFICERS AND STAFF MEMBERS ARE PROVIDED WITH THIS POLICY AND FURNISHED A DISCLOSURE STATEMENT UPON UNDERTAKING THE DUTIES OF SUCH OFFICE OR POSITION.

**FORM 990, PART VI, SECTION B, LINE 15:
THE SALARY OF THE PRESIDENT AND CEO (SIMON ADAMS HAS BOTH TITLES) IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, OR THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD, BASED ON COMPARABILITY DATA. THIS PROCESS LAST TOOK PLACE JANUARY 2025.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI**

**FORM 990, PART VI, SECTION C, LINE 19:
THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.**

**FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, VICE CHAIR, PAST CHAIR, TREASURER, AND UP TO TWO (2) ADDITIONAL MEMBERS, TO BE DESIGNATED ANNUALLY BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ACTS ONLY IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD AND AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD. THE BOARD OF DIRECTORS MAY DELEGATE TO SUCH COMMITTEE ANY OF THE POWERS AND AUTHORITY OF THE BOARD, EXCEPT AS OTHERWISE PROHIBITED BY THE BYLAWS, THE ARTICLES OF INCORPORATION, OR THE LAWS OF THE STATE OF MINNESOTA. FIFTY PERCENT OF THE EXECUTIVE COMMITTEE CONSTITUTES A QUORUM OF THE TRANSACTION OF ANY BUSINESS.**

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	674.
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