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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	





A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 36-3383933	
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CENTER FOR VICTIMS OF TORTURE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 649 DAYTON AVENUE City or town, state or country, and ZIP + 4 ST PAUL, MN 551046631		E Telephone number (612) 436-4800
F Name and address of principal officer RUTH BARRETT RENDLER 649 DAYTON AVENUE ST PAUL, MN 551046631		G Gross receipts \$ 11,054,479	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.CVT.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation 1985		M State of legal domicile MN	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO HEAL THE WOUNDS OF TORTURE AND TO STOP TORTURE WORLDWIDE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	114
	6 Total number of volunteers (estimate if necessary)	6	275
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,940,950	3,927,657
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,282,238	7,013,340
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,588	6,816
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,443	-8,275
		9,227,333	10,939,538
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	205,234	212,436
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,775,171	6,355,572
	16a Professional fundraising fees (Part IX, column (A), line 11e)	92,097	96,680
	b Total fundraising expenses (Part IX, column (D), line 25) <u>632,985</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,012,378	3,249,910
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,084,880	9,914,598
	19 Revenue less expenses Subtract line 18 from line 12	142,453	1,024,940
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		3,618,356	4,766,389
21 Total liabilities (Part X, line 26)		304,891	428,664
22 Net assets or fund balances Subtract line 21 from line 20		3,313,465	4,337,725

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2012-03-27 Date		
	DIANE M FISHER CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  KIM HUNWARDSEN CPA		Date 2012-03-27	Check if self-employed 	Preparer's taxpayer identification number (see instructions) P00484560
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIDE BAILLY LLP 800 NICOLLET MALL STE 1300 MINNEAPOLIS, MN 554027033			EIN  45-0250958
					Phone no  (612) 253-6500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

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 ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 5,538,130 including grants of \$ 61,660) (Revenue \$ 5,146,642)

INTERNATIONAL SERVICESCVT DIRECTLY PROVIDES PSYCHOSOCIAL SERVICES TO ADULT VICTIMS OF TORTURE IN THE DEMOCRATIC REPUBLIC OF CONGO AND TO REFUGEES OF THE WAR IN SOMALIA IN THE DADAAB REFUGEE CAMPS IN KENYA IN JORDAN, CVT PROVIDES PSYCHOSOCIAL AND PHYSIOTHERAPY SERVICES TO IRAQI TORTURE SURVIVORS AND THEIR FAMILIES IN ADDITION, PROFESSIONAL EXPATRIATE CLINICIANS RECRUIT, HIRE, TRAIN AND SUPERVISE NATIONAL STAFF, MANY OF WHOM WERE REFUGEES OR INTERNALLY DISPLACED DURING THEIR COUNTRIES' WAR, TO BE PARAPROFESSIONAL PSYCHOSOCIAL COUNSELORS AND WORK UNDER THE DIRECTION OF THE PROFESSIONAL STAFF CVT EXTENDS ITS SERVICES THROUGH LARGE-GROUP AND COMMUNITY WIDE SENSITIZATION EVENTS, SMALL-GROUP COUNSELING, AND INDIVIDUAL COUNSELING THROUGH THE PARTNERS ALLIED IN TRAUMA HEALING (PATH), CVT ASSISTS FOREIGN TORTURE SURVIVOR REHABILITATION CENTERS DEVELOP THEIR MENTAL HEALTH COUNSELING SKILLS, ORGANIZATIONAL AND FINANCIAL SUSTAINABILITY, AND THEIR PROGRAM EVALUATION AND MONITORING PRACTICES

4b

(Code) (Expenses \$ 1,212,002 including grants of \$ 150,776) (Revenue \$ 733,839)

PROFESSIONAL TRAININGTHE NATIONAL CAPACITY BUILDING PROJECT PROVIDES TRAINING FOR APPROXIMATELY 35 US TORTURE REHABILITATION CENTERS CAPACITY BUILDING PRIORITIES INCLUDE PROGRAM OPERATIONS, SERVICE DELIVERY EXPERTISE, IMPACT ASSESSMENT AND FINANCIAL SUSTAINABILITY IN 2011 TRAINING AND CAPACITY BUILDING METHODS INCLUDED TRAINING INSTITUTES, CAPACITY BUILDING AND PROGRAM PARTNERSHIP SUB-GRANTS, LIVE AND ARCHIVED WEBINARS, AN ANNUAL 30-HOUR BLENDED LEARNING COURSE FOR NEW STAFF, AND ONLINE RESOURCES VIA WWW.HEALTORTURE.ORG PRIORITIES INCLUDE BUILDING AND SUPPORTING A 'COMMUNITY OF PRACTICE' AMONG THOSE SPECIALIZING IN THE REHABILITATION OF TORTURE SURVIVORS THE HEALING IN PARTNERSHIP (HIP) PROJECT DEVELOPS CULTURALLY-SPECIFIC, STRENGTH-BASED AND WELLNESS-FOCUSED INTERVENTIONS FOR SURVIVORS OF WAR AND TORTURE WITH A COMMUNITY APPROACH HIP IMPROVES THE IDENTIFICATION OF TORTURE SURVIVORS WHO NEED MENTAL HEALTH SERVICES IN MINNESOTA AND NATIONWIDE BY DISSEMINATING SCREENING TOOLS TO CLINICS AND BY TRAINING IN THEIR USE HIP IMPROVES EFFECTIVENESS OF REFERRAL SYSTEMS STATEWIDE BY BUILDING THE CAPACITY OF PROVIDERS TO MEET THE NEEDS OF REFUGEE AND IMMIGRANT CLIENTS WHO ARE WAR SURVIVORS THROUGH THE NEW TACTICS IN HUMAN RIGHTS PROJECT, LAUNCHED IN 1999, CVT PROMOTES ENHANCED STRATEGIC THINKING AMONG THE HUMAN RIGHTS COMMUNITY THROUGH RESEARCH AND DISSEMINATION OF INNOVATIVE APPROACHES TO HUMAN RIGHTS WORK, DEVELOPMENT OF TOOLS AND RESOURCE MATERIALS, AND SPONSORSHIP OF IN-PERSON AND ONLINE CROSS-TRAINING OPPORTUNITIES PROJECT HIGHLIGHTS INCLUDE - FIVE-DAY INTERNATIONAL SYMPOSIUM THAT DREW NEARLY 450 PARTICIPANTS FROM 89 COUNTRIES- AWARD-WINNING WORKBOOK DOCUMENTING 100 INNOVATIVE HUMAN RIGHTS TACTICS- 49 DETAILED TACTICAL NOTEBOOKS ON PRACTICAL APPLICATIONS OF TACTICS- SEARCHABLE ONLINE DATABASE DOCUMENTING 200 INNOVATIVE TACTICS- MATERIALS TRANSLATED INTO 24 LANGUAGES- AWARDED MORE THAN 60 SMALL GRANTS TO ORGANIZATIONS IN 56 COUNTRIES ADVANCING INNOVATIONS- MORE THAN 30 ONLINE TRAINING DIALOGUES FEATURING OVER 300 ACTIVISTS FROM 62 COUNTRIES- A GROWING ONLINE COMMUNITY NETWORK OF NEARLY 4,000 ACTIVISTS WORLDWIDEIN 2011 CVT HOSTED ONLINE DIALOGUES FOR HUMAN RIGHTS ACTIVISTS WORLDWIDE, PRESENTED CUSTOMIZED ONLINE TRAINING FOR IRANIAN HUMAN RIGHTS ACTIVISTS, CONTINUED A PARTNERSHIP IN THE MIDDLE EAST/NORTH AFRICA (MENA) REGION WITH THE ACADEMY FOR EDUCATIONAL DEVELOPMENT-CIVIL SOCIETY PROGRAM IN JORDAN, AND SECURED FUNDING FOR A MAJOR EXPANSION OF THE PROJECT'S WORK IN THE MENA REGION OPEN SOCIETY FOUNDATION HAS INVESTED \$1.3 MILLION OVER TWO YEARS TO SUPPORT CVT'S EFFORTS TO STRENGTHEN THE CAPACITY OF CIVIL SOCIETY ACTIVISTS AND ORGANIZATIONS IN EGYPT AND TUNISIA TO ENGAGE IN DEMOCRACY-BUILDING AND RIGHTS-BASED ACTIVITIES IN 2010 AN INDIVIDUAL DONOR CONTRIBUTED \$100,000 TOWARD AN EFFORT TO STRENGTHEN CVT'S RELATIONSHIP WITH THE UNIVERSITY OF MINNESOTA THE OBJECTIVE IS TO ESTABLISH THE UNIVERSITY AS THE PREMIER INTERNATIONAL INSTITUTION FOR THE STUDY OF HUMAN RIGHTS TRAUMA - WITH CVT BEING A PRACTICAL EXPRESSION AND APPLICATION OF THAT STUDY THE COLLABORATION CONTINUES TO GROW IN BOTH THE LOCAL COMMUNITY AND INTERNATIONAL PROJECTS

4c

(Code) (Expenses \$ 1,602,003 including grants of \$) (Revenue \$ 1,118,699)

CLIENT SERVICESCVT'S CLIENT SERVICES PROGRAM ANNUALLY SERVES APPROXIMATELY 1,500 TORTURE SURVIVORS LIVING IN MINNESOTA THE TWIN CITIES BASED HEALING PROGRAM IS A UNIQUE AND INTEGRATED PROGRAM SERVING 250 CLIENTS PER YEAR IN A MULTIDISCIPLINARY CARE AND TREATMENT PROGRAM THAT INVOLVES THE PROFESSIONS OF MEDICINE, PSYCHIATRY, PSYCHOLOGY, SOCIAL WORK, NURSING AND PHYSICAL THERAPY CARE IS ALSO PROVIDED FOR FAMILY MEMBERS OF CLIENTS AND THROUGH COMMUNITY-BASED INTERVENTIONS INFORMATION AND REFERRAL SERVICES PROVIDE REFERRAL FOR TORTURE SURVIVORS AND OTHERS WHO CANNOT TRAVEL TO CVT FOR CARE

(Code) (Expenses \$ 724,423 including grants of \$) (Revenue \$ 14,160)

PUBLIC POLICY/EDUCATIONBY REBUILDING THE LIVES OF MORE THAN 23,000 TORTURE SURVIVORS, CVT HAS ACCUMULATED A VAST DEPTH OF KNOWLEDGE AND EXPERIENCE AS WELL AS A UNIQUE AUTHORITY ABOUT TORTURE CVT HAS FOUND THAT IT HAS AN EFFECTIVE PRESENCE WITH STATE, NATIONAL AND INTERNATIONAL POLICY MAKERS, THAT PRESENCE HAS GIVEN VOICE TO TORTURE SURVIVORS AND HEALING GROUPS EMERGING IN THE UNITED STATES AND ABROAD, PROVIDING THEM ACCESS TO TELL THEIR STORIES AND FIND NEW ALLIES AND RESOURCES TO SUPPORT THEIR WORK THE OBJECTIVE OF CVT'S POLICY WORK IS TO CREATE NEW FINANCIAL RESOURCES TO HEAL SURVIVORS AND NEW ALLIES IN EFFORTS TO END TORTURE BECAUSE OF CVT'S WORK IN 2011, WITH INVESTMENTS TOTALING MORE THAN \$25 MILLION THE U.S. WAS AGAIN THE WORLD'S LARGEST DONOR TO TORTURE SURVIVOR REHABILITATION THIS FUNDING DID NOT COME CLOSE TO MEETING THE EXTRAORDINARY NEED, BUT IT DID MAKE IT POSSIBLE FOR TENS OF THOUSANDS OF TORTURE SURVIVORS TO RECEIVE THE CARE THEY SO URGENTLY NEEDED ALSO IN 2011, CVT WORKED TO RESOLVE CONTINUING PROBLEMS CREATED BY THE UNITED STATES GOVERNMENT'S EMBRACE OF TORTURE POST-9/11 CVT WORKED FOR ELIMINATION OF APPENDIX M OF THE ARMY FIELD MANUAL ON HUMAN INTELLIGENCE COLLECTOR OPERATIONS, WHICH ALLOWS FOR SLEEP AND SENSORY DEPRIVATION AT LEVELS THAT CONSTITUTE CRUEL, INHUMAN AND DEGRADING TREATMENT IF NOT TORTURE CVT WORKED FOR AN END TO INDEFINITE DETENTION, WHICH CAUSES SEVERE PHYSICAL AND PSYCHOLOGICAL DAMAGE TO PRISONERS AND CVT WORKED FOR ESTABLISHMENT OF A NON-PARTISAN, INDEPENDENT COMMISSION TO INVESTIGATE THE USE OF TORTURE AND CRUELTY IN COUNTERTERRORISM EFFORTS FOLLOWING THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 RESEARCH CVT CONDUCTS ONGOING PROGRAM EVALUATION AND RESEARCH TO DESCRIBE ITS CLIENT POPULATION (DEMOGRAPHIC BACKGROUND, TRAUMA AND TORTURE HISTORY, PRESENTING DIAGNOSES, SYMPTOMS, AND COMPLAINTS), PATTERNS OF SERVICE UTILIZATION, AND RESPONSES TO TREATMENT THE RESEARCH PROGRAM FOCUSES ON DEVELOPING A METHODOLOGY THAT WILL ALLOW CVT AND OTHER TREATMENT CENTERS SERVING TORTURE SURVIVORS TO DOCUMENT CHANGES IN PHYSICAL, PSYCHOLOGICAL AND BEHAVIORAL ADAPTATION THAT ARE MEANINGFUL FOR A CULTURALLY DIVERSE TORTURE SURVIVOR POPULATION FINDINGS ARE DISSEMINATED THROUGH WRITTEN AND ORAL PRESENTATION IN A VARIETY OF PROFESSIONAL AND MEDIA CONTACTS IN 2011 RESEARCH PROVIDED TRAINING AND SUPPORT FOR CVT'S INTERNATIONAL SERVICES CLINICAL ASSESSMENT AND PROGRAM EVALUATION ACTIVITIES IN KENYA, THE DEMOCRATIC REPUBLIC OF CONGO AND JORDAN TO ENSURE THAT OUR PROGRAMS COMPLY WITH CLINICAL, EVALUATION, AND PROGRAM MANAGEMENT REQUIREMENTS SINCE 2005 RESEARCH HAS PROVIDED SERVICES TO THE ASIA FOUNDATION IN SRI LANKA TO SUPPORT SEVERAL SRI LANKAN NGOS PROVIDING MENTAL HEALTH SERVICES TO TORTURE SURVIVORS IN ADDITION, RESEARCH COLLABORATES WITH TREE OF LIFE, A ZIMBABWEAN COMMUNITY MENTAL HEALTH PROGRAM, TO IMPLEMENT A RESEARCH PROJECT DESIGNED TO EVALUATE THE EFFECTIVENESS OF THEIR INTERVENTIONS FOR SURVIVORS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 724,423 including grants of \$) (Revenue \$ 14,160)

4e

Total program service expenses

\$ 9,076,558

Form 990 (2011)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	114			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country <u>SL, JO, CG, KE, UG</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b				

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If “Yes,” to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , SC , TN , UT , VA , WA , WV , WI , RI , TX , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ DIANE FISHER 649 DAYTON AVENUE ST PAUL, MN 551046631 (612) 436-4869

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) PATTI ANDREINI ARNOLD CHAIR	5 00	X		X				0	0	0
(2) BABETTE APLAND VICE-CHAIR	5 00	X		X				0	0	0
(3) CONNIE MAGNUSON TREASURER	5 00	X		X				0	0	0
(4) NANCY FELDMAN BOARD MEMBER	5 00	X						0	0	0
(5) VENETIA KUDRLE BOARD MEMBER	5 00	X						0	0	0
(6) ROGER HALE BOARD MEMBER	5 00	X						0	0	0
(7) CHARLIE ROUNDS BOARD MEMBER	5 00	X						0	0	0
(8) ELLIE LUCAS BOARD MEMBER	5 00	X						0	0	0
(9) PAMELA PAPPAS STANOCH BOARD MEMBER	5 00	X						0	0	0
(10) C SCOTT COOPER BOARD MEMBER	5 00	X						0	0	0
(11) SHEILA KISCADEN BOARD MEMBER	5 00	X						0	0	0
(12) STEVE H MILES MD BOARD MEMBER	5 00	X						0	0	0
(13) JULIE ELDER BOARD MEMBER	5 00	X						0	0	0
(14) JOHN CAIRNS BOARD MEMBER	5 00	X						0	0	0
(15) DOUGLAS A JOHNSON EXECUTIVE DIRECTOR	40 00			X				117,897	0	18,284
(16) DIANE FISHER FROM MAY 2011 CHIEF FINANCIAL OFFICER	40 00			X				57,047	0	8,607
(17) KARLA WETHERBY THRU MAR 2011 CHIEF FINANCIAL OFFICER	40 00			X				18,476	0	3,101

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	193,420	0	29,992

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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	No
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	No

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

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 ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	258,803				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,668,854				
	g	Noncash contributions included in lines 1a-1f \$ 37,849						
	h	Total. Add lines 1a-1f		3,927,657				
Program Service Revenue			Business Code					
	2a	FEES & CONTRACTS	900099	6,425,671	6,425,671			
	b	INSURANCE REIMBURSEMENT	900099	516,183	516,183			
	c	SPEAKING FEES	900099	41,114	41,114			
	d	MISCELLANEOUS	900099	30,372	30,372			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		7,013,340				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,469			4,469	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			106,013	3,000				
	b	Less cost or other basis and sales expenses	106,666					
	c	Gain or (loss)	-653	3,000				
	d	Net gain or (loss)		2,347			2,347	
	8a	Gross income from fundraising events (not including \$ 258,803 of contributions reported on line 1c) See Part IV, line 18						
	a		0					
	b	Less direct expenses	8,275					
c	Net income or (loss) from fundraising events . .		-8,275			-8,275		
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		10,939,538	7,013,340	0	-1,459		

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	54,392	54,392		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	158,044	158,044		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	218,010	60,990	153,543	3,477
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	4,802,378	3,998,140	737,194	67,044
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	169,315	143,796	23,322	2,197
9	Other employee benefits	868,629	721,208	135,610	11,811
10	Payroll taxes	297,240	243,994	49,212	4,034
11	Fees for services (non-employees)				
a	Management				
b	Legal	48,984	41,432	3,497	4,055
c	Accounting	54,000		54,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	96,680			96,680
f	Investment management fees				
g	Other	359,320	299,943	57,898	1,479
12	Advertising and promotion				
13	Office expenses	286,153	190,287	84,764	11,102
14	Information technology	170,621	170,621		
15	Royalties				
16	Occupancy	520,520	399,985	113,536	6,999
17	Travel	842,708	810,273	22,846	9,589
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	140,592		140,592	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING SERVICES	485,710	109,382	1,929	374,399
b	PROGRAM EXPENSES	165,643	156,575	4,676	4,392
c	FEES	134,133	110,099	12,969	11,065
d	BAD DEBT EXPENSE	22,204	1,309		20,895
e					
f	All other expenses	19,322	1,406,088	-1,390,533	3,767
25	Total functional expenses. Add lines 1 through 24f	9,914,598	9,076,558	205,055	632,985
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	244,553	100,503	0	144,050

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			976,905	2	1,185,576
	3	Pledges and grants receivable, net			713,368	3	1,374,812
	4	Accounts receivable, net			662,458	4	836,531
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			97,500	9	136,239
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,358,578	1,039,313	10c	1,041,018
	b	Less—accumulated depreciation	10b	1,317,560			
	11	Investments—publicly traded securities			103,786	11	84,583
	12	Investments—other securities. See Part IV, line 11			24,575	12	24,464
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			451	15	83,166
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,618,356	16	4,766,389
Liabilities	17	Accounts payable and accrued expenses			176,319	17	288,392
	18	Grants payable				18	
	19	Deferred revenue			128,572	19	140,272
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	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				25	
	26	Total liabilities. Add lines 17 through 25			304,891	26	428,664
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,369,716	27	2,433,605
	28	Temporarily restricted net assets			873,431	28	1,813,802
	29	Permanently restricted net assets			70,318	29	90,318
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,313,465	33	4,337,725
	34	Total liabilities and net assets/fund balances			3,618,356	34	4,766,389

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,939,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,914,598
3	Revenue less expenses Subtract line 2 from line 1	3	1,024,940
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,313,465
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-680
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,337,725

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,532,480	3,900,576	3,037,556	2,940,950	3,927,657	17,339,219
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	3,532,480	3,900,576	3,037,556	2,940,950	3,927,657	17,339,219
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)						3,882,512
6 Public Support. Subtract line 5 from line 4						13,456,707

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,532,480	3,900,576	3,037,556	2,940,950	3,927,657	17,339,219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,629	34,325	15,002	8,979	4,469	100,404
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						17,439,623

12 Gross receipts from related activities, etc (See instructions)

1228,516,114

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	77 160 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	79 380 %
16a 33 1/3% support test—2011. 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		
b 33 1/3% support test—2010. If the organization did not check the 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		
17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3383933
Name: THE CENTER FOR VICTIMS OF TORTURE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 724,423 including grants of \$) (Revenue \$ 14,160) PUBLIC POLICY/EDUCATIONBY REBUILDING THE LIVES OF MORE THAN 23,000 TORTURE SURVIVORS, CVT HAS ACCUMULATED A VAST DEPTH OF KNOWLEDGE AND EXPERIENCE AS WELL AS A UNIQUE AUTHORITY ABOUT TORTURE CVT HAS FOUND THAT IT HAS AN EFFECTIVE PRESENCE WITH STATE, NATIONAL AND INTERNATIONAL POLICY MAKERS, THAT PRESENCE HAS GIVEN VOICE TO TORTURE SURVIVORS AND HEALING GROUPS EMERGING IN THE UNITED STATES AND ABROAD, PROVIDING THEM ACCESS TO TELL THEIR STORIES AND FIND NEW ALLIES AND RESOURCES TO SUPPORT THEIR WORK THE OBJECTIVE OF CVT'S POLICY WORK IS TO CREATE NEW FINANCIAL RESOURCES TO HEAL SURVIVORS AND NEW ALLIES IN EFFORTS TO END TORTURE BECAUSE OF CVT'S WORK IN 2011, WITH INVESTMENTS TOTALING MORE THAN \$25 MILLION THE U S WAS AGAIN THE WORLD'S LARGEST DONOR TO TORTURE SURVIVOR REHABILITATION THIS FUNDING DID NOT COME CLOSE TO MEETING THE EXTRAORDINARY NEED, BUT IT DID MAKE IT POSSIBLE FOR TENS OF THOUSANDS OF TORTURE SURVIVORS TO RECEIVE THE CARE THEY SO URGENTLY NEEDED ALSO IN 2011, CVT WORKED TO RESOLVE CONTINUING PROBLEMS CREATED BY THE UNITED STATES GOVERNMENT'S EMBRACE OF TORTURE POST-9/11 CVT WORKED FOR ELIMINATION OF APPENDIX M OF THE ARMY FIELD MANUAL ON HUMAN INTELLIGENCE COLLECTOR OPERATIONS, WHICH ALLOWS FOR SLEEP AND SENSORY DEPRIVATION AT LEVELS THAT CONSTITUTE CRUEL, INHUMAN AND DEGRADING TREATMENT IF NOT TORTURE CVT WORKED FOR AN END TO INDEFINITE DETENTION, WHICH CAUSES SEVERE PHYSICAL AND PSYCHOLOGICAL DAMAGE TO PRISONERS AND CVT WORKED FOR ESTABLISHMENT OF A NON-PARTISAN, INDEPENDENT COMMISSION TO INVESTIGATE THE USE OF TORTURE AND CRUELTY IN COUNTERTERRORISM EFFORTS FOLLOWING THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 RESEARCH CVT CONDUCTS ONGOING PROGRAM EVALUATION AND RESEARCH TO DESCRIBE ITS CLIENT POPULATION (DEMOGRAPHIC BACKGROUND, TRAUMA AND TORTURE HISTORY, PRESENTING DIAGNOSES, SYMPTOMS, AND COMPLAINTS), PATTERNS OF SERVICE UTILIZATION, AND RESPONSES TO TREATMENT THE RESEARCH PROGRAM FOCUSES ON DEVELOPING A METHODOLOGY THAT WILL ALLOW CVT AND OTHER TREATMENT CENTERS SERVING TORTURE SURVIVORS TO DOCUMENT CHANGES IN PHYSICAL, PSYCHOLOGICAL AND BEHAVIORAL ADAPTATION THAT ARE MEANINGFUL FOR A CULTURALLY DIVERSE TORTURE SURVIVOR POPULATION FINDINGS ARE DISSEMINATED THROUGH WRITTEN AND ORAL PRESENTATION IN A VARIETY OF PROFESSIONAL AND MEDIA CONTACTS IN 2011 RESEARCH PROVIDED TRAINING AND SUPPORT FOR CVT'S INTERNATIONAL SERVICES CLINICAL ASSESSMENT AND PROGRAM EVALUATION ACTIVITIES IN KENYA, THE DEMOCRATIC REPUBLIC OF CONGO AND JORDAN TO ENSURE THAT OUR PROGRAMS COMPLY WITH CLINICAL, EVALUATION, AND PROGRAM MANAGEMENT REQUIREMENTS SINCE 2005 RESEARCH HAS PROVIDED SERVICES TO THE ASIA FOUNDATION IN SRI LANKA TO SUPPORT SEVERAL SRI LANKAN NGOS PROVIDING MENTAL HEALTH SERVICES TO TORTURE SURVIVORS IN ADDITION, RESEARCH COLLABORATES WITH TREE OF LIFE, A ZIMBABWEAN COMMUNITY MENTAL HEALTH PROGRAM, TO IMPLEMENT A RESEARCH PROJECT DESIGNED TO EVALUATE THE EFFECTIVENESS OF THEIR INTERVENTIONS FOR SURVIVORS

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization THE CENTER FOR VICTIMS OF TORTURE	Employer identification number 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 on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) 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 (grass roots lobbying)	1,120													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,748													
c	Total lobbying expenditures (add lines 1a and 1b)	3,868													
d	Other exempt purpose expenditures	9,072,690													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,076,558													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	603,828													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	150,957													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	576,196	561,636	562,394	603,828	2,304,054
b Lobbying ceiling amount (150% of line 2a, column(e))					3,456,081
c Total lobbying expenditures	107,286	65,431	30,872	3,868	207,457
d Grassroots non-taxable amount	144,049	140,409	140,599	150,957	576,014
e Grassroots ceiling amount (150% of line 2d, column (e))					864,021
f Grassroots lobbying expenditures	104,707	59,713	26,592	1,120	192,132

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)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div>Yes</div> <div>No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III

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

3

Using the organization's accession and other records, check any of the following that are a 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 programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	70,510	45,318	20,318	
b	Contributions	20,000	25,000	25,000	
c	Investment earnings or losses	40	192		
d	Grants or scholarships				
e	Other expenditures for facilities and programs	232			
f	Administrative expenses				
g	End of year balance	90,318	70,510	45,318	20,318

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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		1,107,075	286,275	820,800
c Leasehold improvements		432,499	428,911	3,588
d Equipment		295,194	283,385	11,809
e Other		427,510	318,989	108,521
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,041,018

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,939,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,914,598
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,024,940
4	Net unrealized gains (losses) on investments	4	-680
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-680
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,024,260

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,006,329
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-680
b	Donated services and use of facilities	2b	67,471
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	66,791
3	Subtract line 2e from line 1	3	10,939,538
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,939,538

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,982,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	67,471
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	67,471
3	Subtract line 2e from line 1	3	9,914,598
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,914,598

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INVESTMENT EARNINGS ARE USED AS GENERAL OPERATING SUPPORT TO SUPPORT CLIENT CARE AND BUILDING MAINTENANCE EXPENSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CVT IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. IN ADDITION, CVT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. CVT HAS ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON JANUARY 1, 2009. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS AS OF BOTH THE DATE OF ADOPTION AND AS OF DECEMBER 31, 2011, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO. CVT WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CENTER FOR VICTIMS OF TORTURE

Employer identification number
36-3383933

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for region/investments in region
MIDDLE EAST AND NORTH AFRICA	2	35	PROGRAM SERVICESPROGRAM SERVICES	PROFESSIONAL TRAINING AND INTERNATIONAL SERVICES	766,502
SUB-SAHARAN AFRICA	5	80	PROGRAM SERVICES	INTERNATIONAL SERVICES	1,333,391
3a Sub-total	7	115			2,099,893
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	7	115			2,099,893

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Part V 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	25,000	WIRE			
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	11,660	WIRE			
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	25,000	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	15,000	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	10,134	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			
			MIDDLE EAST AND NORTH AFRICA	CAPACITY BUILDING	9,500	WIRE			

2

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

12

3

Enter total number of other organizations or entities

Part III

[illegible]

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 (see 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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ 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 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see 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 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
THE CENTER FOR VICTIMS OF TORTURE

Employer identification number
36-3383933

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAL WARWICK 2550 9TH ST SUITE 103 BERKELY, CA 947102516	PROFESSIONAL FUNDRAISING COUNSEL		No	695,696	66,000	629,696
SHARE GROUP PO BOX 55183 73 CHAPEL ST BOSTON, MA 02205	PAID SOLICITOR		No	19,599	30,680	-11,081
Total ▶				715,295	96,680	618,615

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, IN, KS, KY, DC, LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		RESTORING HOPE BREAKFAST (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	258,803		258,803
	2	Less Charitable contributions	258,803		258,803
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . .			
	7	Food and beverages . .	8,275		8,275
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming.

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

		(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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .			
	6	Volunteer labor	<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) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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 name and address

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
36-3383933

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance
(1)				BOOK	
See Additional Data Table					

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHEDULE I, PART I, LINE 2 SUB-GRANTEES SUBMIT A WRITTEN FINAL REPORT DESCRIBING ITS ACTIVITIES AND THE OUTCOMES OF ITS EFFORTS, AS WELL AS A FINANCIAL REPORT

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
THE CENTER FOR VICTIMS OF TORTURE

Employer identification number
36-3383933

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	37,849	FAIR MARKET
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 If "Yes," describe the arrangement in Part II

32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

33 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If "Yes," describe in Part II

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

No

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
THE CENTER FOR VICTIMS OF TORTURE

Employer identification number
36-3383933

Identifier	Return Reference	Explanation
	FORM 990, PART VI	THE EXECUTIVE COMMITTEE SHALL CONSIST 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 SHALL ACT ONLY IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD AND SHALL 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 SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF ANY BUSINESS
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 BEFORE IT GOES TO THE BOARD FOR APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM ANNUALLY THE FORMS ARE REVIEWED BY THE BOARD CHAIR ANY PERSON WITH A CONFLICT IS RESTRICTED FROM DISCUSSING OR VOTING ON RELATED MATTERS
	FORM 990, PART VI, SECTION B, LINE 15	THE SALARIES OF THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, OR THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD, BASED ON COMPARABILITY DATA
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -680
		SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 PART I, LINE 19, REVENUE LESS EXPENSES PART I, LINE 22, NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES OF \$1,024,940 AND THE RESULTING INCREASE IN NET ASSETS, AS OF DECEMBER 31, 2011, IS DUE TO A GRANT THAT WAS RECEIVED IN OCTOBER 2011 THIS TWO-YEAR \$1,300,000 GRANT IS RESTRICTED FOR WORK OF THE NEW TACTICS IN HUMAN RIGHTS PROJECT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE FULL TWO-YEAR GRANT WAS RECORDED AT THE TIME OF AWARD SINCE THESE FUNDS MAY ONLY BE USED FOR SUPPORT OF THIS PROJECT AND ARE NOT AVAILABLE FOR THE GENERAL OPERATIONS OF THE ORGANIZATION, THE UNUSED PORTION, AT DECEMBER 31, 2011, IS INCLUDED IN TEMPORARILY RESTRICTED NET ASSETS