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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number C Name of organization DUE PROCESS OF LAW FOUNDATION Check if applicable: Doing Business As 52-1973930 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number П Name change 202-462-7701 1779 MASSACHUSETTS AVENUE, NW 710 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return WASHINGTON, DC 20036 K(a) is this a group return for subordinates? 🔲 Yes 🗹 No F Name and address of principal officer: Application pending Naomi Roht-Arriaza, President H(b) Are all subordinates included? Tyes No. same as C" If "No," attach a list. (see instructions)) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 **✓** 501(c)(3) □ 501(c) (Tax-exempt status: H(c) Group exemption number > Website: ▶ www.dplf.org 1996 M State of legal domicite: Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: DPLF seeks to strengthen the rule of law and promote respect for human rights in Latin America through applied research, strategic alliances, outreach and advocacy. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 8 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 821.054 711,243 8, 9 Program service revenue (Part VIII, line 2g) 14,224 7.000 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 560 585 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 11 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 718,828 835,838 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 455,320 434,662 Professional fundraising-fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses(Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 114-11d, 11f-24e) 499,012 17 460,675 Total expenses (Add lines 13-17 (must equal Part IX, column (A), line 25)
Revenue less expenses: Subtract line 18 from line 12 18 915,995 933,674 -80,157 214,846 19 Beginning of Current Year End of Year Total assets (Part X, Ijne 16) 571,709 20 808,356 Total liabilities (Part-X; line 26) 38,894 21 60,694 22 Net assets or fund balances. Subtract line 21 from line 20 747,662 532,815 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. [i 6 Signature of officer Sign Here su s An Type or print name and title Date reparer's signature Print/Type preparer's name Check 🔲 if **Paid** self-employed **Preparer** Firm's name 🕒 **Use Only** Firm's address > Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Cat. No. 11282Y

m 99	o (2013) Page 2
art	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DPLF seeks to strengthen the rule of law and promote respect for human rights in Latin America through applied research, strategic
	alliances, outreach and advocacy.

2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 293,660 including grants of \$ 0) (Revenue \$ 7000)
	JUDICIAL INDEPENDENCE: Independence of the judicial branch is fundamental for the good function of the Rule of Law. Likewise,
	independence is a precondition for impartial application of the law -to all persons equally- and is an essential component for
	strengthening the judicial sector in Latin America. Thus, under our Judicial Independence Program we promote an independent
	judicial sector focusing on three areas: transparency and judicial corruption, selection of judicial officials, and the impact of undue
	pressures on the overuse of pretrial detention. In 2013, DPLF succeeded in placing the issue of judicial independence on the
	hemispheric agenda, including getting a number of our recommendations to be included in IACHR reports that address judicial independence issues. Our applied research is used by judicial officials, lawyers and activists in the region as well as international
	decision makers to promote more transparent and accountable judicial systems. We also published the following studies this year
	under this program: Independencia judicial insuficiente, prision preventive deformada: Los casos de Argentina, Colombia, Ecuador
	y Perù (Insufficient judicial independence, deformed pre-trial detention: The cases of Argentina, Colombia, Ecuador and Peru);
	Selecting the very best: The selection of high-level judges in the United States, Europe and Asia (also available in Spanish).
41-	(Code) \(\(\sum_{\text{topsess}} \text{\$\}\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$
4b	(Code:) (Expenses \$ 215,933 including grants of \$ 0) (Revenue \$ 0) HUMAN RIGHTS & EXTRACTIVE INDUSTRIES: The intense –and too often deadly- social conflicts erupting all over Latin America
	associated with the extraction of natural resources and major infrastructure development projects demand that host States, the
	corporations carrying out the projects, and the States from which international extractive companies hall comply with international
	and national human rights standards and norms. Furthermore, all stakeholders must recognize and respect the rights of Indigenous
	groups to their land and territory, and their right to prior consultation in these projects. Through our Human Rights & Extractive
	Industries Program, DPLF promotes the use of existing international and national legal and institutional mechanisms in resolving
	conflicts related to natural resources extraction in coordination with international human rights norms and standards. Respect for
	the rights of those affected by these projects is fundamental for democracy and peace in Latin America. This year, through some strategic advocacy DPLF succeeded in getting the responsibility of Home States (the States from which international extractive
	companies hail) on the regional human rights agenda. This year DPLF published our Digesto de jurisprudencia latinamericana sobre
	los derechos de los pueblos indigenas a la participacion, la consulta previa y la propiedad comunitaria (Digest of Latin American
	jurisprudence on the rights of indigenous Peoples to participation, prior consultation and community property).
4c	(Code:) (Expenses \$213,282 including grants of \$0) (Revenue \$0)
	STRENGTHENING THE INTER AMERICAN HUMAN RIGHTS SYSTEM: The inter American human rights protection system, which
	incorporates the Inter American Commission (IACHR) and Court on Human Rights, constitutes the regional framework for the
	protection and promotion of human rights in the Americas. The member States of the Organization of American States established the
	system and charged it with monitoring respect for the international human rights instruments they themselves ratifled. Through our Strengthening of the Inter American Human Rights System Program, DPLF monitors the OAS on human rights issues and carries out
	applied research and advocacy activities, as well as promotes informed dialogue amongst users of the Inter American Human Rights
	System to promote continuation of the system's human rights legacy, in 2013 DPLF was instrumental in bringing about the first ever
	public forum of IACHR commissioner candidates. Such forums are preliminary steps towards a more transparent and participatory
	selection process, and in 2013 helped ensure that those candidates that were elected appear to be the most qualified of the
	candidates. DPLF, in close coordination with our local allies, continued to request and hold public thematic hearings before the
	IACHR seeking to focus attention on various issues related to our programmatic work.

o) (Revenue \$

831,425

4d Other program services (Describe in Schedule O.) (Expenses \$ 108,550 including grants of \$

4e Total program service expenses ▶

Part	Checklist of Required Schedules			2.2
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	\	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		\
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		A E	er.
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	/
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	Ν,	
		Fon	n 990	(2013)

Part	Checklist of Required Schedules (continued)		w I	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓_
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		<u>√</u> ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		<u>√</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):	4	· · · · ·	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37 38	1	\
			000	(2013)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	• ;	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	F		ei#a ·
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	h' - 1	-	'== ::
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		ا' ا	, P
	reportable gaming (gambling) winnings to prize winners?	1c	√	112
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2:4	#F
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			ما مناه
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	/	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	[±]		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_~	A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		* · ·
þ	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	==		
. .		ಹಿಡಿ⊹ 5a	t- orași	·
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C D	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		/	
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь	N	/A
7	Organizations that may receive deductible contributions under section 170(c).	F==3]		
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-:	<u> </u>	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	/A
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		Ī	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		5 ='=	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-1	√
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		A-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-	/	<u> </u>
Ŭ	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	<u>ر</u>	VA
9	Sponsoring organizations maintaining donor advised funds.	 ,	= =	
a	Did the organization make any taxable distributions under section 4966?	9a	N	/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N	1A
10	Section 501(c)(7) organizations. Enter:	·		2 , 2
a	Initiation fees and capital contributions included on Part VIII, line 12	. +	- 5	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b n/a			; ·
11	Section 501(c)(12) organizations. Enter:			41.
a	Gross income from members or shareholders		- 4	£
b	Gross income from other sources (Do not net amounts due or paid to other sources			
46	against amounts due or received from them.)	12a	7.7	/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b n/a	128 (25)	_~	<u> </u>
19	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>.</u>		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	(۸	14
а	Note. See the instructions for additional information the organization must report on Schedule O.			7
ь	Enter the amount of reserves the organization is required to maintain by the states in which		ļ	ļ
_	the organization is licensed to issue qualified health plans	F 1	, :	1
C	Enter the amount of reserves on hand	<u> </u>	- ⁻ -,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	٨	/A
		For	n 99 0	(2013)

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Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	
Casti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
Secu	on A. Governing Body and Management	- 1	Yes	No
4.	File the control of the few sides and the properties had at the end of the toy year.			
18	Enter the number of voting members of the governing body at the end of the tax year		- 670 21946	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		<u>-</u>
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓_	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	^	<u> </u>
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		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		!
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Ŋ	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	<u> </u>
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		码	l. ∕
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<u>√</u>	\vdash
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		1
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	-
	Other officers or key employees of the organization	15b		7
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		.	
	with a taxable entity during the year?	16a	P - 4	/
	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	Par	V
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	i only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Laura Park, 1779 Massachusetts Avenue, NW #710, Washington, DC 20036 (202-462-7701)	of the	•	

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Form 990 (2013)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)			(C Pos	ን) Itlon			(D)	(E)	(F)
Name and Title	Average hours per	box.	(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Alejandro Garro	11									
Director		✓_	-	-	_	-	├-	0	. 0	0
(2) Christopher Jochnick	11	,		1						
Vice President		✓	⊢	-	H		┝	0	0	0
(3) Douglass Cassel	1	1								a
Director	1			┢	 		├	0	-	<u> </u>
(4) Susan Popkin Treasurer		1		1	L			0	0	0
(5) Laura Park	40	1				i				
Secretary	ļ	<u> </u>		✓	<u> </u>	L	<u> </u>	65,833	0	15,000
(6) Ariel Dulitzky	1				1	1		1		
Director	<u> </u>	<u> </u>	L	┖	L_	ļ	L	0	0	. 0
(7) Margaret Roggensack	11		ļ			i	İ		1	
Director			_	<u> </u>	_		<u> </u>	0	0	0
(8) Ronald Scheman	11					1				
Director		1	<u> </u>	_	L_		_	0	0	0
(9) Naomi Roht-Arriaza	11	١.		١,				i		
President		1	⊢	✓	<u> </u>	-	┞	0	0	0
(10) Katya Salazar	40	1	1	١,	l					
Executive Director		ļ	<u> </u>	'	<u> </u>	<u> </u>	┡	104,000	· 0	10,000
(11)	 	1								
(12)							Γ			
(13)		-		Γ	Γ			 		
(14)			Γ							
			_	_					1	<u> </u>

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (co	ntinued)	
	(A) Name and title		(B) (do not check box, unless per officer and a di						e (D) ne Reportable	(E) Reportable compensation related	om	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	9	ompensation from the organization and related organizations
(15)												
(16)			-					-				
(17)												
(18)												
(19)												
(20)												· · · · · · · · · · · · · · · · · · ·
(21)												-
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total			•				▶	169,833		0	25,000 0
d 2	Total (add lines 1b and 1c)	t not limited		nose	· e lis	ted	 above	▶ 8) W	169,833 ho received m),000 of	25,000
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				. [Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater the	porta an \$	bie 150,	con ,000	np e 07 /	nsatio <i>f "Ye</i>	on e s,"	and other composite of the complete of the complete of the composite of the complete of the composite of the	pensation from nedule J for 	n the	4
5	Did any person listed on line 1a receive of for services rendered to the organization										ridual [5 /
Section	on B. Independent Contractors									- 		
1	Complete this table for your five highest compensation from the organization. Reyear.	compensat	ted in ensati	dep on f	end or t	ient he d	conti	act tar	tors that receive year ending wi	ed more than th or within th	\$100,00 e organi	O of zation's tax
	(A) Name and business add	iress							(B) Description of t	ervices	Com	(C) pensation
NONE								F				
								$oxed{\Box}$				
2	Total number of independent contract	ors (includi	ng b	ut r	not	limi	ted to	o ti		ove) who		n jakajas Najarajas
	received more than \$100,000 of compen	sauon from	u18 (nya.	ı ıze	uiOf			NONE	E		Form 990 (2013

Par	VIII	Check if Schedule O contains a response or	note to	any line in this	Part VIII		
		oneon il comodulo o comanio a response oi		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	ь	Membership dues 1b		I			
A F	C	Fundraising events 1c		1			
혈	d	Related organizations 1d]			
Si ji	е		30,471				
활동	f	All other contributions, gifts, grants,	l	1			
를 등		\	80,772				
털	9	Noncash contributions included in lines 1a-1f: \$		1			
0 =	h	Total. Add lines 1a-1f	. ►	711,243			
Program Service Revenue			—	٠			
eve	2a	CONTRACTUAL SERVICES 90009	99	7,000	7,000		<u></u>
8	b						
Ž	d						
ဖွဲ့	e					-	
臣	f	All other program service revenue .					
ĕ	g	Total. Add lines 2a–2f	. •	7,000	<u>.</u>		L
_	3	Investment income (including dividends, into	erest.	7,000			
		and other similar amounts)		585			585
	4	Income from investment of tax-exempt bond proces	eds▶			·-	
	5	Royalties	. >				
		(i) Real (ii) Pers	onal				
	6a	Gross rents					
	b	Less: rental expenses		[ŀ		
	С	Rental income or (loss)		i			
	d	Net rental income or (loss)	. ▶				
	7a	Gross amount from sales of (i) Securities (ii) Oth assets other than inventory	ner				
	b	Less. cost or other basis and sales expenses		.			
	С	Gain or (loss) .					
	d	Net gain or (loss)	. ▶				
er Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
ē	}	See Part IV, line 18 a		į			
Ş	ь	Less: direct expenses b					
	C	Net income or (loss) from fundraising events	. ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b		1			
		Net income or (loss) from gaming activities .	. ▶				
	10a	Gross sales of inventory, less returns and allowances a					
	ь	Less: cost of goods sold b		İ			
	C	Net income or (loss) from sales of inventory .	. ▶		· · · · · · · · · · · · · · · · · · ·		
		Miscellaneous Revenue Business	Code				
	11a						
	С						
	d	All other revenue					
	е		. ▶				ļ
	12	Total revenue. See instructions	. 🏲	718,828	7,000	0	
							Form 990 (2013)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 194,883 148,378 39,583 6,922 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 188,559 185,188 2,865 506 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 22,619 22,168 388 63 10 Payroll taxes 28,601 25,206 2,886 509 11 Fees for services (non-employees): Management 0 Legal 3,479 0 3,479 0 C Accounting 5,807 1,651 3,533 623 ol 0 0 0 e Professional fundraising services. See Part IV, line 17 0 0 f Investment management fees ol Λĺ 0 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 186,208 183,438 2,695 75 Advertising and promotion 12 0 0 0 0 Office expenses 13 20,426 9,031 9,828 1,567 14 Information technology 3,211 0 2,729 482 15 0 0 16 110,809 13,183 82,982 14,644 17 85,274 81,095 93 4,086 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 38,554 36,128 2,240 186 20 0 0 0 21 Payments to affiliates 0 0 0 0 22 10,027 Depreciation, depletion, and amortization . 11,797 0 1,770 23 0 4,187 3,559 628 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Printing - newsletter, CDs and digest 25,421 25,421 0 Repairs and maintenance b 524 3,839 3,315 Administrative & Fringe benefits 100,538 -103,820 3,282 Ç All other expenses Total functional expenses. Add lines 1 through 24e 933,674 831,425 66,382 35,867 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in thi	s Part X		
			_	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		507,080	1_	275,851
	2	Savings and temporary cash investments			_	109,506
	3	Pledges and grants receivable, net		175,861	3	115,180
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and f			图	
		trustees, key employees, and highest co	mpensated employe	es.		
		Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified pers	ion			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an				
		sponsoring organizations of section 501(c)(9) volume			3/2	
2		organizations (see instructions). Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		17,310	9	25,882
	10a	Land, buildings, and equipment: cost or	_			
		other basis. Complete Part VI of Schedule D		,067		
	Ь	Less: accumulated depreciation		,008 51,856		40,059
	11		,		11	
	12	Investments—other securities. See Part IV, line 1			12	
	13	Investments—program-related. See Part IV, line			13	
	14	Intangible assets				
	15	Other assets. See Part IV, line 11				5,231
	16	Total assets. Add lines 1 through 15 (must equa				571,709
	17	Accounts payable and accrued expenses			18	38,894
	18 19	Grants payable		483	 	
	20	Tax-exempt bond liabilities		483	20	
	21	Escrow or custodial account liability. Complete			21	
m	22	Loans and other payables to current and for			9.58	第26 000000000000000000000000000000000000
Liabilities	22	trustees, key employees, highest compen				
		disqualified persons. Complete Part II of Schedu			22	Allegan Samuel Comments
2	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines	17-24). Complete Par	1 X	i	
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		60,695		38,894
_	i	Organizations that follow SFAS 117 (ASC 958		and A H T	盛	
ÿ		complete lines 27 through 29, and lines 33 an				
삘	27	Unrestricted net assets		57,170		96,165
Ba	28	Temporarily restricted net assets		690,491	_	436,650
5	29	Permanently restricted net assets	<u> </u>	. Company designation of the company	29	
S		Organizations that do not follow SFAS 117 (ASC 9	58), check here ► 📋	and Sand		
è		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	<u> </u>
89	31	Paid-in or capital surplus, or land, building, or en			31	
at A	32	Retained earnings, endowment, accumulated in			32	500.045
ž	33 34	Total net assets or fund balances			_	532,815
_	34	rotal liabilities and her assets/junio palatices .	· · · · · · · · · · · · · · · · · · · 	808,356	,, 54	Form 990 (2013)

Form 99	0 (2013)		_	Page 1	2
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u>]</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			718,8	<u>:8</u>
2	Total expenses (must equal Part IX, column (A), line 25)			933,67	14
3	Revenue less expenses. Subtract line 2 from line 1			-214,84	16
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4			747,6	<u>i1</u>
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments	\rightarrow			0
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)))]		532,8°	15
Part	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. , [</u>	<u>]</u>
				Yes No	_
1	Accounting method used to prepare the Form 990: Cash Accrual Other		4	1.75	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in	4		
	Schedule O.		٠		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or	· []		
	reviewed on a separate basis, consolidated basis, or both:			1 1	-
	Separate basis Consolidated basis Both consolidated and separate basis		14.	. : 🚉	
b	Were the organization's financial statements audited by an independent accountant?		2b	/	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	ın a	ā	1	
	separate basis, consolidated basis, or both:		. 1	. f	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		F 1	:	- '
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accounta-		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain	n in			€
	Schedule O.		37.1	7 7 5	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	hin			
	the Single Audit Act and OMB Circular A-133?	· •	3a	✓	_
b				.16.	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	s.	3b	NA	_
			Form	990 (20	3)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 20**13**

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **DUE PROCESS OF LAW FOUNDATION** 52-1973930 Part 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 described in 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). 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: 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.) 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See 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 c Type III-Functionally integrated d Type III-Non-functionally integrated b Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? n A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(îi) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(印) Provide the following information about the supported organization(s). (hv) is the organization in col. (i) listed in your (iii) Type of organization (i) Name of supported (II) EIN (v) Did you notify (vii) la the (vii) Amount of monetary the organization in col. (i) of your organization (described on lines 1-9 podons (i) organized in the U.S.? coverning document? above or IRC section support? (see instructions)) No Yes (A) **(B)** (C) (D) (E)

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

<u>Sectio</u>	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	283,397	923,405	774,300	821,054	711,243	3,513,399
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	o	0
4	Total. Add lines 1 through 3	283,397	923,405	774,300	821,054	711,243	3,513,399
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)		•				2,235,902
6	Public support. Subtract line 5 from line 4.				-		1,277,497
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	283,397	923,405	774,300	821,054	711,243	3,513,399
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		400	939		cos	2 252
9	Net income from unrelated business activities, whether or not the business is regularly carried on	92	188	828	560	585	2,253
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						3,515,652
12	Gross receipts from related activities, etc.					12	244,705
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her						· · • 🖺
<u>Secti</u>	on C. Computation of Public Suppor					,	
14	Public support percentage for 2013 (line 6					14	36,34 %
15 16a	Public support percentage from 2012 Sch 33 ¹ n% support test—2013. If the organiz					15 /3% or more, c	40.20 % heck this
	box and stop here. The organization qual						. 🕨 🗵
b	331/3% support test—2012. If the organicheck this box and stop here. The organic					15 is 33½% 	or more, . ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mer Part IV how the organization meets the "forganization".	ets the "facts-a	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-cis-and-cis-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and st n qualifies as a	op here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part						N/	
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support				1 10 0000	(-) 0040	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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		ļ				1
	furnished in any activity that is related to the organization's tax-exempt purpose		}		1)
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				1		
	to or expended on its behalf						
5	The value of services or facilities		1				
	furnished by a governmental unit to the						!
_	organization without charge			ļ			
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		_				
10	received from disqualified persons .]	J			J
h	Amounts included on lines 2 and 3						
	received from other than disqualified		1				
	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						1
	line 6.)		<u> 1</u>		<u>i</u>		
	on B. Total Support	() 0000	T (2) 0010	(-) 0044	(4) 0040	(-) 0040	(O Total
Calen 9	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 10a	Amounts from line 6		 		 		
IVa	payments received on securities loans, rents,				Ì		
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business			1			
	activities not included in line 10b, whether					ŀ	
	or not the business is regularly carried on		 	<u> </u>	ļ		
12	Other income. Do not include gain or loss from the sale of capital assets					1	
	(Explain in Part IV.)			[ſ	ĺ	[
13	Total support. (Add lines 9, 10c, 11,		-			<u> </u>	
	and 12.)		Ī				
14	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		<u> </u>		<u> </u>	· · ·	· · · > 🗀
	on C. Computation of Public Suppor					7	
15	Public support percentage for 2013 (line (15	%
16	Public support percentage from 2012 Schon D. Computation of Investment In				<u> </u>	16	%
17	Investment income percentage for 2013 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2012					18	
19a	331/3% support tests-2013. If the organ	ization did no	t check the bo	x on line 14, a	nd line 15 is n	nore than 331/s	%, and line
	17 is not more than 331/2%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizat	ion . 🕨 📋
b	331/3% support tests -2012. If the organiz						
	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization di	a not check a	Dox on line 14	, 19a, or 19b,	cneck this box	and see instru	ictions 🕨 🔲

A) A GIUDBITSK	ouu sao ot sao-E≺) xo.2
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
NONE	
·	
* 40 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990. Inspection

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number Name of the organization **DUE PROCESS OF LAW FOUNDATION** 52-1973930 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I N/A Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II N/A Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

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Schedul	e D (Form 990) 2013							Paga 2
Part		Collections of	Art, Hist	torical T	reasures	or O	her Similar As	sets (continued)
3	Using the organization's acquisition,	accession, and of	ther recor	ds, checl	k any of th	e follov	wing that are a si	gnificant use of its
	collection items (check all that apply):							N/A
а	☐ Public exhibition		d	Loan -	or exchang	e prog	rams	,,,
b	Scholarly research							
	☐ Preservation for future generations	3			***********			
4	Provide a description of the organization		and expla	in how th	ey further	the ord	anization's exem	pt purpose in Part
-	XIII.		•		•			
5	During the year, did the organization	solicit or receive	donation	s of art. I	nistorical tr	easure	s, or other simila	ır
•	assets to be sold to raise funds rather							☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	angements.		<u>-</u> .	-	-		N/A
	Complete if the organization		" to Forn	n 990. P	art IV. line	9. or	reported an am	ount on Form
	990, Part X, line 21.					-,		
18	Is the organization an agent, trustee	. custodian or oth	ner interm	ediary fo	r contribut	ions o	other assets no	ot .
•-	included on Form 990, Part X?							☐ Yes ☐ No
ь	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	ble:			
_	100, orpian are are gomen are						Ar	nount
c	Beginning balance					10		
	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance					11		· · · · · · · · · · · · · · · · ·
2a	Did the organization include an amou							☐ Yes ☐ No
	If "Yes," explain the arrangement in P					provid	ed in Part XIII	
Par	V Endowment Funds.	<u> </u>	<u> </u>			p		
	Complete if the organization	answered "Yes	" to Forr	n 990. P	art IV. line	10.		NA
	Complete it the organization	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	,,,	- 					
b	Contributions		 					1
C	Net investment earnings, gains, and		 					
·	losses							1
	Grants or scholarships		 					
d	Other expenditures for facilities and							
•	programs							
f	Administrative expenses		1					
-	End of year balance		╁──-					
9 2	Provide the estimated percentage of	the current year or	nd halanc	e /line 1a	column /a	\\ held	96,	<u> </u>
_	Board designated or quasi-endowme		%	o (mio 19	, colambi (a	<i>y,</i>	ao.	
a	Permanent endowment		/0					
b	Temporarily restricted endowment							
C	The percentages in lines 2a, 2b, and		0096					
3a	Are there endowment funds not in th	e naggesgian of t	oo /o. he omani	zation tha	at are held	and ac	Iministered for th	A
- Od	organization by:	o possession or c	no organi					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations					•		3a(ii)
b	If "Yes" to 3a(ii), are the related organ				ıle B?			3b
4	Describe in Part XIII the intended use							L
Part					-			
	Complete if the organization		" to For	n 990. P	art IV. line	11a.	See Form 990.	Part X, line 10.
	Description of property	(a) Cost or o			r other basis		Accumulated	(d) Book value
		(investr		,-,	ther)		Repreciation	- ·
18	Land			†			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
ь	Buildings			<u> </u>	-			·
c	Leasehold improvements							<u>.</u>
ď	Equipment			†	70,067	-	30,008	40,059
e	Other			<u> </u>	. 0,007		30,000	,,,,,,,
	Add lines 1a through 1e. (Column (d)	must equal Form S	990, Part 2	X. column	(B), line 10)(c).)		40,059
	and an analysis of the state of						Cobe	dula D /Farra 90/1 2012

	(a) Description of security or cat (including name of security			(b) Book value		e) Method of valuation. or end-of-year market value
\ Einopoint	. 	<u>'</u>	 			T CHO OF YOU MUNCH VAIGE
-	derivatives				1	
	• •					
(A)						
(B)	•••••		***********			· · · · · · · · · · · · · · · · · · ·
(C)						
(D)						
(E)						
(F) (G)	***************************************				-	
(H)					 	
	A) must agual Form 000. Dad V and /D) line 10	1 🛌				
art VIII	(b) must equal Form 990, Part X, col. (B) line 12 Investments—Program Reli			<u> </u>	_ <u></u>	N/A
art VIII			/" +- F	000 Dad IV II	11- C C	
	Complete if the organization		res to For			
	(a) Description of investmen	nt		(b) Book value) Method of valuation: or end-of-year market value
)						
5)						
3) 1)						· · · · · · · · · · · · · · · · · · ·
1)		-				
5)						
5) D						
7)	· · · · · · · · · · · · · · · · · · ·					
3)				1		
٥,				·		
	(h) must equal Form 000, Part V cal (D) line 12			·		
	(b) must equal Form 990, Part X, col. (B) line 13.) >				
	Other Assets.		Ves" to For	m 990 Part IV li	no 11d Soo F	N/A
tal. (Column (answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
tal. (Column (Part IX	Other Assets.			m 990, Part IV, li	ne 11d. See F	
tal. (Column (Part IX	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
tal. (Column (Part IX 1) 2)	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
tal. (Column (Part IX	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
tal. (Column (Part IX 1)	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
tal. (Column (i Part IX	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
tal. (Column (i Part IX 1) 1) 2) 3) 4) 5)	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
1) 22) 33) 44) 77)	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
1) 22) 3) 4) 5) 7)	Other Assets.	answered "\		m 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15
11) 12) 13) 14) 15) 16) 17) 18)	Other Assets. Complete if the organization	answered "\ (a) Description	on		ne 11d. See F	orm 990, Part X, line 15 (b) Book value
ntal. (Column (i Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization imn (b) must equal Form 990, Part	answered "\ (a) Description	on		ne 11d. See F	orm 990, Part X, line 15
ntal. (Column (i Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization imn (b) must equal Form 990, Part Other Liabilities.	answered "\ (a) Description (b) All the second of the sec	e 15.)			orm 990, Part X, line 15 (b) Book value
tal. (Column (i Part IX 1) 2) 33) 4) 55) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "\ (a) Description (b) All the second of the sec	e 15.)			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.)			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 7) 3) botal. (Column (Col	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) b) c) c) part X 7) A) b) part X 1) Federal in (2) 3)	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 5) 5) 6) Part X 1) Federal in 2) 3) 4)	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) botal. (Column (Part X 1) Federal II 2) 3)	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) Otal. (Column (Part X Part X	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
11) 12) 13) 14) 15) 16) 17) 18) 19) 11) Federal III 22) 13) 14) 15) 16) 17)	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
tal. (Column (Part IX 1) 2) 33) 44) 55) 60) Part X 1) Federal II 2) 33) 44) 55) 66) 77)	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value
1) Federal II 2) (Column (Colu	Other Assets. Complete if the organization Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "\ (a) Description X, col. (B) line answered "\ (t)	e 15.) Yes" to For			orm 990, Part X, line 15 (b) Book value

chedu	le D (Form 990) 2013				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, P	Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	718.828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			£37	
8	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	(
d	Other (Describe in Part XIII.)	2d	(
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	718,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	(
ь	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	718,828
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses p	er Return.	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" to Form 990, P				
1	Total expenses and losses per audited financial statements			1	933,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			E	,
а	Donated services and use of facilities	2a	(層響	
ь	Prior year adjustments	2b			
c	Other losses	2c			
ď	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	n
3	Subtract line 2e from line 1			3	933,674
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĹĬ		E 3	335,514
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b			
-	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line				933,674
Part	XIII Supplemental Information.	<u> </u>		1 - 1	000,074
rovio	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				4; Part X, line
; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide	e any additional i	nformation.	
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Schedute D (For	chedule D (Form 990) 2013 Part XIII Supplemental Information (continued)							
Part XIII	Supplemental Information (continued)							
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**13**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number				
DUE PROCESS OF LAW FOUNDATION	52-1973930				
Form 990 - Part III, State of Program Service Accomplishments (Line 4d):					
TRANSITIONAL JUSTICE					
The investigation, prosecution and reparation of past grave violations of human rights remain a pendin	ng debt in Latin America. This lack of				
justice has serious repercussions for the present, and reflects the weakness of the judicial systems in	the region. This year our Transitional				
Justice Program sought to give Latin American judicial officials, lawyers, and human rights activist access to information on how other					
colleagues in the region have used and applied international human rights law in their own cases, in the	ne hopes of encouraging them to apply				
international law. With two volumes of our Digest of Latin American Jurisprudence on International C	rimes in hand (Volume II was issued in				
2013) DPLF facilitates very open and technical discussion with judicial officials on how to overcome p	erceived obstacles to obtaining justice				
for crimes of the past. This year DPLF issued the 18th edition of our institutional magazine, AportesDF	LF, focused on Current challenges				
in seeking justice for serious crimes of the past (in English and Spanish). (Expenses: \$108,550)					
Part VI - Governance, Management and Disclosure, Section C - Disclosure, Line 19:					
DPLF makes its governing documents, conflict of interest policy and financial statements available to	the public, upon request. DPLF				
provides the documents by e-mail, or regular mail.					
Part VI, Section B, Line 15b - DPLF's Executive Committee of the board reviewed comparable compens	sation for Executive Directors in similar				
not-for-profit organizations in Washington, DC.					
Part VI, Section B, Line 11b The form 990 is reviewed by the DPLF Board prior to filing with the IRS.					
Part VI, Section B, Line 12-14: Policies related to Line 12-14 have been established in calendar year 20	10.				

8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

➤ File a separate application for each return.
➤ information about Form 8868 and its instructions is at www.bs.gov/form8868.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, are filing for an Additional (Not Automatic) 3-M complete Part II unless you have already been	onth Exten	sion, complete oni	Part II (on page 2 of	this (form).	
	complete Part II unless you have already been the filing (e-file). You can electronically file Form	•		•	•		
a corpo 8888 to Return	ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Persona ons). For more details on the electronic filing of the	nal (not auto forms listed al Benefit C	omatic) 3-month extended in Part II or Part II contracts, which me	ension of time. You ca with the exception of set be sent to the IF	n ele Forr IS in	ctronical n 8870, l paper f	ly file Form Information crmat (see
Part I							
Part I or	eration required to file Form 990-T and requestly						. ▶ □
	comportations (including 1120-C liters), partiters: come tax returns.	ups, nemic	AS, BILL UUSIS IIIUSI I	isa ruini 7004 to raqt	1001 0	WI GAIGHA	ACITOL INTE
				Enter filer's identifying	num	ber, see	Instructions
Туре о				Employer Identification	• •		
print	Due Process of Law Foundation Number, street, and room or suite no. If a P.O. b	au one leete	intlane		52-1973930		
File by the		WA, 800 HIGH	bottoro.	Social security number (SSN)			
filing your return. Se instruction	City, town or post office, state, and ZiP code. For a foreign address, see instructions.						
	e Return code for the return that this application	ls for (file a	separate application	for each return) .			0 1
Applic Is For	ation	Return	Application is For				Return Code
Form 9	90 or Form 990-EZ	01	Form 980-T (corporation)				07
Form 9		02	Form 1041-A				08
	720 (individual)	03	Form 4720 (other than Individual)				09
Form 9		04	Form 5227 Form 6089				10
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	06	Form 8870				12
	ooks are in the care of ▶ The Corporation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Telep	none No. ▶ <u>202-462-7701</u>	F	ax No. ▶	202-482-7703		-	
• If the	organization does not have an office or place of this for a Group Return, enter the organization's for	business in er digit Gro	the United States, c up Exemption Numb	neck this box er (GEN)		 . If thi	., ▶□ İsis
for the	whole group, check this box	it is for pay	t of the group, chec	this box	▶ [and at	
	th the names and EINs of all members the extens						
1	request an automatic 3-month (6 months for a c	សាល្របានដែល	required to file Form	990-T) extension of ti	me		
	intil August 15 , 20 14 , to file the exe	empt organi	zation return for the	organization named al	bove.	The exte	ension is
	or the organization's return for:						
1	► ☑ calendar year 20 13 or						
1	► ☐ tax year beginning	, 20	, and ending			, 20	
2	▶ ☐ tax year beginning if the tax year entered in line 1 is for less than 12	months, ch	eck reason: Initia	d return 🔲 Final retur	n		
1	Change in accounting period						
	If this application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions.	80-T, 4720,	or 6089, enter the t	entative tax, less any	3a	9	0
	If this application is for Forms 990-PF, 990-T,	4720. or	6069, enter any ref	undable credits and	38	 -	
-	estimated tax payments made. Include any prior	year overp	syment allowed as a	credit.	3b	\$	0
C	Balance due. Subtract line 3b from line 3a. Inclu EFTPS (Electronic Federal Tax Payment System)	de your pay	ment with this form,		3c		0
Caution	. If you are going to make an electronic funds withdraw	ral (direct del	olt) with this Form 8866	, see Form 8453-EO and	Form	8879-EO	for payment

	68 (Rev 1-2014)					⊬age 2	
	u are filing for an Additional (Not Automatic) 3-Me						
	Only complete Part II if you have already been gran			usly filed	Form	8868	
Part	u are filing for an Automatic 3-Month Extension, of Additional (Not Automatic) 3-Month E			00100.0	ooded		
rait	Additional (Not Adtomatic) 3-World E	KIGHSIOH	Enter filer's ident				
	Name of exempt organization or other files, see instructions						
Type o	Due Process of Law Foundation		3.7.5,0.	52-1973930			
•	Number, street, and room or suite no. If a P.O. box, see instructions Social security number						
File by II		1779 Massachusetts Ave., NW 4710					
filling you return. S	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
Instructi							
Enter t	he Return code for the return that this application i	s for (file a	separate application for each return)			01	
Appli	cation	Return Application				Return	
Is Fo		Code	Is For			Code	
Form	990 or Form 990-EZ	01					
Form	990-BL	02	Form 1041-A	4			
	4720 (individual)	03	Form 4720 (other than individual)	ner than individual)			
Form 990-PF		04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)		05 06	Form 6069				
_	Form 990-T (trust other than above)		Form 8870			12	
							
	Do not complete Part II if you were not already gra	ented an au		ously fil	ed Forn		
STOPI	Do not complete Part II if you were not already gra	ented an au		ously fil	ed Forn		
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Under penalties of perjury, I declare that I have examined		and statements, and to the best of my
knowledge and belief, it is true, correct, and complete/and th	at I am authorized to prepare this form.	
Signature & Kellery (1. W	1) Tale / FRADY	Dato \$ 17.14
		Form 8868 (Nov. 1-2014)
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