For calend	ar year 2019 or tax year beginning	JAN 01, 20	)20 and ending	DEC 31,	, 2020			
Name: Name line 2: Address: City, State, and Zip Code:	SOLANO ADVOCATES : VIOLENCE PO BOX 571 VACAVILLE CA 9569		S OF	EIN Telephone No				
Email address								
Type of exempt organization:  Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)  Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)  Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)  Exempt organization with unrelated business income (Form 990-T)								
	BROWN.FINANCIALS L O8 SUNNYBRAE DRV	LC		e in this return: Date: PTIN: Self-employed: Firm's EIN: Phone:	$\begin{array}{c} \underline{2400}  \text{minutes} \\ \underline{08/11/2021} \\ \underline{P01715557} \\ \boxed{X} \\ \underline{83-4630640} \\ \underline{714-600-7364} \end{array}$			

## Form **990**

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

OMB No. 1545-0047

2020

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.

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

For the 2020 calendar year, or tax year beginning JAN 01 and ending DEC 2020 Check if applicable: C Name of organization D Employer identification number SOLANO ADVOCATES FOR VICTIMES Doing business as VIOLENCE Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite -1582626 Name change E Telephone number BOXInitial return City or town State ZIP code 707-820-7288 ACAVILLE CA Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 782948 F Name and address of principal officer: FRANCES ARMFIELD Application pending H(a) Is this a group return for subordinates? Yes X No PO BOX 571 VACAVILLE CA 95696 Yes H(b) Are all subordinates included? Nο If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) ) (insert no.) 4947(a)(1) or 527 Website: ■ HTTPS://WWW.SAVVCENTER.ORG **H(c)** Group exemption number ■ **K** Form of organization: | X | Corporation Trust Association Other L Year of formation: M State of legal domicile: Part I **Summary** Briefly describe the organization's mission or most significant activities: SOLANO ADVOCATES FOR VICTIMS OF VIOLENCE SAVV IS ORGANIZED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY,..... CONTINUES ON SCHEDULE O Check this box | | | | 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 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . . . . 5 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12. . . . 7a 7a Net unrelated business taxable income from Form 990-T, Part I, line 11. **Prior Year Current Year** 8 499898. 782948. 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 499898 782948. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 307650 462218. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ■ 2313. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 17 192248 328995. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 499898. 791213. 19 Revenue less expenses. Subtract line 18 from line 12. -8265.**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . . . . . 219386. 124907 21 Total liabilities (Part X, line 26) . . . . . . . . . . . . 22 Net assets or fund balances. Subtract line 21 from line 20 124907 219386. 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. 08/11/2021 Sian Signature of officer Date Here FRANCES ARMFIELD FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid self-employed P01715557 ANTHONY BROWN ANTHONY BROWN **Preparer** Firm's name ■ A.BROWN.FINANCIALS LLC Firm's EIN  $\blacksquare$  83-4630640 **Use Only** Firm's address ■ 8508 SUNNYBRAE DRV SACRAMENTO CA 95823 Phone no. 714-600-7364 

Nο

X Yes

Γa	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SOLANO ADVOCATES FOR VICTIMS OF VIOLENCE SAVV IS A 501C3 OF THE IRC	
	OF 1986 OR THE CORESPONDING PROVISIONS OF ANY FUTURE US INTERNAL REV LAW. THE MISSION OF SAVV FOR VICTIMS TRANSFORMATION INTO A	
	SURVIVOR CONT ON SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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 X 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,	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	cations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 576866. including grants of \$ 576866.) (Revenue \$	)
	IN 2020 SAVV THROUGH THE CALOES DH HOUSING GRANT ASSISTED OVER 910	
	DOMESTIC SURVIVORS & THIER CHILDREN WITH EMERGENCY SHELTER.THROUGH THE	
	CALOES LEGAL GRANT THEY PROVIDED 31 ADULT AND YOUTH VICTIMS OF CRIME	
	WITH 300 HOURS OF ATTORNEY SERVICES TO ASSIST WITH RELIEF IN LEGAL	
	MATTERS RELATING TO THAT CRIME AT NO COST TO THE VICTIM. WITH THE	
	CALOES FJC GRANT SAVV SUPPORTED SOLANO FAMILY JUSTICE CENTER PROVIDING	
	VICTIM SERVICES SUCH AS ADVOCACY, COUNSELING, CASE MANAGEMENT AND	
	FINANCIALS ASSISTANCE TO MORE THAN 534 DOMESTIC VIOLENCE VICTIMS.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d		
4(1	Other program carvings (Describe on Schodule O.)	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)

Form 990 (2020)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . . . . 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 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 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 . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 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........ Χ 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . . . . . . . **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, Parts I and IV . . . . . . . . . 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 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 . . . . . . . . . . . . . . . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions. . . . . . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . . . . . . . . . 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . .

Par	Checklist of Required Schedules (continued)			
	Did		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			l
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			l
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	051		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		3.7
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			l
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		37
20	persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		v
h	If"Yes," complete Schedule L, Part IV	28b		X
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		A
С	If"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization riquidate, terminate, or dissolve and cease operations: If Test, complete schedule N, Fart Told the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		
32	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	- 55		
J-7	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
_	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
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		Х
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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-55	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	33		
	Check if Schedule O contains a response or note to any line in this Part V		.	
	and a second a comment of companies of more to any mile in and i a		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			l
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ■  See instructions for filing requirements for FireCEN Form 114. Report of Foreign Bank and Financial Accounts (FRAR)			
F	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		Λ
b	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		
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	- 10		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Χ	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
- •	If "Yes," complete Form 4720, Schedule O.			
	ii 100, complete i offit #120, concedute o.			

Form 9		58262		age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sect</u>	ion 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 1a 4	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	$\dashv$		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	Х	Х
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b		_ ^
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue			21
<del></del>	isit bit shows (This econom broqueste information about policine het required by the informational	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100		
13	Did the organization have a written whistleblower policy?	12c		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and 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		Х
b	Other officers or key employees of the organization	15b		Х
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	4.01		
Soct	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u>Sect</u> 17	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ■			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec	lion 50	 l (c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		. (5)	
	Own website Another's website Upon request Other (explain on Schedule	O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	,	/,	
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	3 ■		

FRANCES ARMFIELD 707-820-9288
PO BOX 571 MOUNT AUKUM CA 95656

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

Check this box if neither the organization nor ar	ny related organi	zatio	n co	omp	ens	sated	any	current officer,	director, or trust	ee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	×,	not ch unles er an	Pos	c) sition more erson ii	e than d	ı	( <b>D</b> ) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRANCES ARMFIE TREASURE	55	Х		Х	Х			108290.	0	0
(2) MARICARMEN REY EXEC DIRECTOR	55	X		X	Х	Х		115290.	0	0
(3) PAMELA DIXON CHAIR		Х						0	0	0
(4) JANICE JACKSON MEMBER				Х				0	0	0
(5) ALAN JOHNSON SECRETARY				Х				0	0	0
(6) MYLES DIXON MEMBER				Х				0	0	0
(7) ROXAANA DAMAS FMR VICE PRES							Х	0	0	0
(8) KARENDA STINNE FORMER MBR							Х	0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Р	art VII Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee	s, a	nd I	High	est	Compensated	Employees (co	ontinued)
	(C)										
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	èοχ,	not ch unles er and			e than oth		(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
<u>(15)</u>											
<u>(16)</u>											
(17)											
<u>(18)</u>											
(19)											
(20)											
1b	Subtotal							_	223580.		
c d	Total from continuation sheets to Part VII, 5 Total (add lines 1b and 1c)								223580.		
2	Total number of individuals (including but not large or reportable compensation from the organization	imited to those I								00,000 of	
	Toportable domportoation from the organization	<u> </u>									Yes No
3	Did the organization list any <b>former</b> officer, die employee on line 1a? <i>If "Yes," complete Sche</i>						_		compensated		3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre										
	individual					-	•				4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest comp compensation from the organization. Report of										n'e tay year
	(A)  Name and business add		TITIC	care	iiuc	ai ye	sai c	IIIII	(B)  Description of ser		(C) Compensation
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the			o th	ose	list	ed al	DOV	e) who received		

Part VIII Statement of Revenue

	Check if Schedule O contains a response or	note to any line	in this Part VIII.			$\square$
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
1a	Federated campaigns 1a					00010110 012 011
b	Membership dues					
С	Fundraising events 1c	275.				
d	Related organizations					
е	Government grants (contributions) 1e	632882.				
f	All other contributions, gifts, grants, and					
	similar amounts not included above 1f	149791.				
q	Noncash contributions included in					
	lines 1a–1f 1g	\$				
h	Total. Add lines 1a–1f		782948.			
		Business Code				
2a						
b						
С						
d						
е						
f	All other program service revenue					
g	<b>Total.</b> Add lines 2a–2f					
3	Investment income (including dividends, interest					
	other similar amounts)					
4	Income from investment of tax-exempt bond pro	oceeds				
5	Royalties	(ii) Personal				
60	Gross rents 6a	(ii) i ersonai				
6a	Less: rental expenses . 6b					
C	Rental income or (loss) 6c					
d	Not rental income or (loca)	_				
7a	Gross amount from (i) Securities	(ii) Other				
'``	sales of assets	. ,				
	other than inventory <b>7a</b>					
ь	Less: cost or other basis					
	and sales expenses 7b					
С	Gain or (loss) <b>7c</b>					
	Net gain or (loss)	🔳				
8a	Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18					
b	Less: direct expenses					
C	Net income or (loss) from fundraising events.					
9a	Gross income from gaming activities.					
	See Part IV, line 19					
b	Less: direct expenses					
10a	Net income or (loss) from gaming activities Gross sales of inventory, less	· · · · · <del>-</del>				
10a	returns and allowances 10a					
b	Less: cost of goods sold					
	Net income or (loss) from sales of inventory					
	The modern of the or the orthogonal manner of the orthogonal or th	Business Code				
11a						
b						
С						
d	All other revenue					
е	Total. Add lines 11a-11d					
12	Total rayonua Socinetructions	_	792919	1		

61-1582626

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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses			
1	Grants and other assistance to domestic organizations		'	·	· ·			
	domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	223580.	115290.	108290.				
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	212035.	212035.					
8	Pension plan accruals and contributions (include			T				
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits [	18261.	18261.					
10	Payroll taxes	8342.	8342.					
11	Fees for services (nonemployees):							
а	Management	38490.	38490.					
b	Legal	79168.	79168.					
С	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion							
13	Office expenses	15832.	15832.					
14	Information technology	1057.	1057.					
15	Royalties							
16	Occupancy	16194.	16194.					
17	Travel	177.	177.					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	430.	430.					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
a	SEE STMT			+				
b				+				
Q C				+				
d	All other expenses	176704	174201	+	2212			
e 25	All other expenses  Total functional expenses Add lines 1 through 24e	176704. 791213.	174391. 680610.	108290.	2313.			
25 26	Total functional expenses. Add lines 1 through 24e .  Joint costs. Complete this line only if the	191213.	080010.	108290.	2313.			
20	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							
	10110WILING 3001 30-2 (M30 330-720)							

Form 990 (2020) SOLANO ADVOCATES FOR VICTIMES Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part	X		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	65701.	1	65701.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	44196.	4	133059.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
■ .	other basis. Complete Part VI of Schedule D 10a 21475.		1.0	0.4.4.7.7
b	Less: accumulated depreciation	21475.	10c	21475.
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13 14	Investments—program-related. See Part IV, line 11		13 14	
15	Intangible assets	-6465.	15	-849.
16	Other assets. See Part IV, line 11	124907.	16	219386.
17	Total assets. Add lines 1 through 15 (must equal line 33)	124907.	17	219300.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		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		26	
	Organizations that follow FASB ASC 958, check her∈ X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	124907.	27	73330.
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here■			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	124907.	32	73330.
33	Total liabilities and net assets/fund balances	124907.	33	73330.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		782	948.
2	Total expenses (must equal Part IX, column (A), line 25)	2		791	213.
3	Revenue less expenses. Subtract line 2 from line 1	3		-8	265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		124	907.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		116	645.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual 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?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ıf			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
-	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		50		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
				•	

Form **990** (2020)

### **SCHEDULE A** (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

■ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

SOI	AN	O ADVOCATES FOR V	ICTIMES OF				61-1582626	
Pa		Reason for Public Chari						
The	orga	anization is not a private founda						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in <b>section</b>	170(b)(1)(A)(ii). (A	attach Schedule E (Fo	rm 990 or	990-EZ).	)	
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization hospital's name, city, and state		unction with a hospital	describe	d in <b>sect</b>	ion 170(b)(1)(A)(iii)	. Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owner	d or opera	ated by a	governmental unit d	escribed in
6		A federal, state, or local govern	nment or governme	ntal unit described in	section 1	170(b)(1)(	(A)(v).	
7	Χ	An organization that normally r described in <b>section 170(b)(1</b> )	eceives a substant (A)(vi). (Complete	ial part of its support fi Part II.)	om a gov	ernmenta	al unit or from the ge	neral public
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9		An agricultural research organ or university or a non-land-gra university:	ization described in nt college of agricu	section 170(b)(1)(A) Iture (see instructions)	( <b>ix)</b> opera	ited in cor e name, o	njunction with a land city, and state of the	-grant college college or
10		An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt functi income and unrela	ons—subject to certai ited business taxable i	n exception	ons, and ( ess sectio	(2) no more than 33 in 511 tax) from busi	1/3% of its
11		An organization organized and	l operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12								
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
~	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d		Type III non-functionally integrated is not functionally integrated in the state of	ntegrated. A support of the contract of the co	orting organization ope ation generally must sa	rated in d itisfy a dis	onnection stribution	n with its supported or requirement and an	organization(s) attentiveness
е		Check this box if the organic functionally integrated, or Ty	zation received a w	ritten determination fr	om the IR	S that it is		ype III
f		Enter the number of supported						
g	(i)	Provide the following information  Name of supported organization	on about the suppor (ii) EIN	(iii) Type of organization (described on lines 1-10	listed in you	organization ur governing ment?		(vi) Amount of other support (see
				above (see instructions))	Yes	No No	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and	(4)	(-7	(3) = 3.13	(27 = 2 : 2	(3) = 3 = 3	(-)
	membership fees received. (Do not						
	include any "unusual grants.")			178303.	456375.		634678.
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			14400.	14400.		28800.
4	Total. Add lines 1 through 3			192703.	470775.		663478.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						663478.
	etion B. Total Support						000170
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
7	Amounts from line 4	, ,	, ,	192703.	470775.	, ,	663478.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						662470
11	Total support. Add lines 7 through 10					10	663478.
12							
13	organization, check this box and <b>stop here</b> .						<b>■</b> [v
	etion C. Computation of Public Sup			(0)		14	0 000
	Public support percentage for 2020 (line 6, co		•				0.00%
15	Public support percentage from 2019 Schedul					15	0.00%
Iba	<b>33 1/3% support test—2020.</b> If the organizate and <b>stop here.</b> The organization qualifies as						
<b>L</b>			· ·				
D	33 1/3% support test—2019. If the organizat box and stop here. The organization qualifies						
170		' '					
1/a	10%-facts-and-circumstances test—2020. I 10% or more, and if the organization meets t	· ·					
	Part VI how the organization meets the facts-						
	organization		-	•			
b	10%-facts-and-circumstances test—2019.	f the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization m	eets the facts-an	d-circumstances t	est, check this box	and <b>stop here</b> . E	Explain	
	in Part VI how the organization meets the fact		-				
	organization						· · · · ■
18	Private foundation. If the organization did no						_
	instructions						🔳

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

Department of the Treasury Internal Revenue Service

Name of the organization

SOLANO ADVOCATES FOR VICTIMES OF

Schedule of Contributors

■ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

61-1582626

Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

"N/A" in column (b) instead of the contributor name and address), II, and III.

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

■ Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization			Employer identification number	
SOI	ANO ADVOCATES FOR VICTIME	61-1582626		
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.			
	Complete if the organization answers	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the assets heli	l d in donor advised	
J	funds are the organization's property, subject			
6	Did the organization inform all grantees, dono			
•	only for charitable purposes and not for the b			
	conferring impermissible private benefit?			
Part	II Conservation Easements.			
	Complete if the organization answere	ed "Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (for examp		on of a historically important land area	
	Protection of natural habitat	Preservation	on of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribut	tion in the form of a conservation	
_	easement on the last day of the tax year.	on noid a qualified control valion contribut	Held at the End of the Tax Year	
а	Total number of conservation easements		<b>2a</b>	
b	Total acreage restricted by conservation ease	ements	. 2b	
С	Number of conservation easements on a cert			
d				
	historic structure listed in the National Register			
3	Number of conservation easements modified	, transferred, released, extinguished, or te	erminated by the organization during	
	the tax year			
4	Number of states where property subject to co		and bonding of	
5	Does the organization have a written policy reviolations, and enforcement of the conservati			
6	Staff and volunteer hours devoted to monitoring, in			
J	The state of	specting, nanding of violations, and emorcing	conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year	
	■ \$	3, 3	3 · · <b>,</b> · ·	
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i)	
	and section $170(h)(4)(B)(ii)$ ?		Yes No	
9	In Part XIII, describe how the organization rep	oorts conservation easements in its reven	ue and expense statement and	
	balance sheet, and include, if applicable, the		nancial statements that describes the	
	organization's accounting for conservation ea	sements.		
Part	Organizations Maintaining Collect		Other Similar Assets.	
	Complete if the organization answere		aug statement and balance about	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of			
	public service, provide in Part XIII the text of t	•		
b	If the organization elected, as permitted unde			
-	works of art, historical treasures, or other sim	•		
	public service, provide the following amounts			
	(i) Revenue included on Form 990, Part VIII,	line 1	• \$	
	(ii) Assets included in Form 990, Part X		• \$	
2	If the organization received or held works of a			
	following amounts required to be reported und	der FASB ASC 958 relating to these items	3:	
а	Revenue included on Form 990, Part VIII, line	91	■ \$	
L.	Assets in almalast in Farms COO Dart V		<b>—</b> •	

Part	Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Othe	r Similar Assets	(continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its					
	collection items (check all that apply):					
а	Public exhibition		<b>d</b> Loan	or exchange progra	m	
b	Scholarly research		e Other			
С	Preservation for future generations	S				
4	Provide a description of the organization XIII.	on's collections ar	nd explain how the	y further the organi	zation's exempt purp	oose in Part
5	During the year, did the organization so assets to be sold to raise funds rather					Yes No
Part	V Escrow and Custodial Arrang	gements.				
	Complete if the organization ar 990, Part X, line 21.	nswered "Yes" or	n Form 990, Pai	t IV, line 9, or repo	orted an amount o	n Form
1a	Is the organization an agent, trustee, c	ustodian or other	intermediary for c	ontributions or othe	r assets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the following ta	ıble:		
	Decimales belones			-		mount
c d	Beginning balance			<b>—</b>	1c   1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun			_	<u> </u>	Yes X No
b	If "Yes," explain the arrangement in Pa				•	_ =
Part		TI XIII. OHECK HER	e ii tile explanatio	Trias been provided	d off f art Affi	·· <u> </u>
rait	Complete if the organization ar	nswered "Ves" o	n Form 990 Pai	t IV line 10		
	Complete if the organization at	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	(4) 5533531 7533	(2) * * * * * * * * * * * * * * * * * * *	(0, 1110 ) 0 1110 11111	(4)	(c) r car years cann
b	Contributions					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the			ı, column (a)) held a	as:	
a	Board designated or quasi-endowment		2.%			
b	Permanent endowment	0.00%				
С	Term endowment ■ 0.00		200/			
3a	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the	•		are held and admir	victored for the	
Ja	organization by:	possession or the	organization that	are nelu anu aumi	iistered for the	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related or					3b
4	Describe in Part XIII the intended uses					<u> </u>
Part	Part VI Land, Buildings, and Equipment.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.					
	Description of property	(a) Cost or o		st or other basis (other)	(c) Accumulated depreciation	(d) Book value
	Land			(Guiller)	ospisolation	
b	Buildings					
c	Leasehold improvements					
d	Equipment					
e	Other			21,475.		21,475.
Total	. Add lines 1a through 1e. (Column (d)		990, Part X, colui	mn (B), line 10c.) .		21,475.

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

■ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ■ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

SOLANO ADVOCATES FOR VICTIMES OF 61-1582626 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: Χ If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990. Part VII. paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

#### 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 990-EZ or to provide any additional information.

■ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Employer identification number Name of the organization 61-1582626 SOLANO ADVOCATES FOR VICTIMES OF FORM 990, PART 1, LINE 1 EDUCATIONAL PURPOSES WITH IN MEANING OF SECTION 501C3 OF IRC OF 1986 OR CORSPONDING OF PROVISIONS OF ANY FUTURE US INTERNAL REV LAW. THE MISSION OF SAVV IS TO LESSEN IMPACT OF VIOLENCE BY OFFERING INTERVENTIONS THAT IMPOWER A VICTIMS FORM 990, PART 1, LINE 1 - CONT TRANSFORMATION INTO A SURVIVOR. SAVV FACILITATES THE TRANSFORMATION BY INSPIRING HOPE, GROWTH & RESILENCY. SAVV WAS CREATED TO PROVIDE ADVOCACY AND SUPPORTIVE SERVICES TO VICTIMS TRAUMA, ABUSE & OR VIOLENCE W/ ALL SERVICES FORM 990, PART 1, LINE 1 - CONT PROVIDED AT NO COST TO THE VULNERABLE POPULATION. FORM 990, PART III, LINE 1 SAVV FACILITATES THE TRANSFORMATION BY INSPIRING HOPE, GROWTH & RESILENCY . SAVV WAS CREATED TO PROVIDE ADVOCACY AND SUPPORTIVE SERCICES TO VICTIMS OF TRAUMA, ABUSE & OR FORM 990, PART III, LINE 1 - CONT VIOLENCE W/ ALL SERVICES PROVIDED AT NO COST TO THE VULNERABLE POPULATION. FORM 990, PART VI, SECTION A LINE 6 - CONT THE ORGANIZATION HAS 6 MEMBERS 4 OF WHICH ARE VOTING MEMBERS

NO STOCK HOLDERS

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Employer identification number			
SOLANO ADVOCATES FOR VICTIMES OF	61-1582626			
FORM 990, PART VI, SECTION A, LINE 8B				
NO COMMITEES ASSOCIATED WITH THE BOARD DURING THIS P	ERIOD			
FORM 990, PART VI, SECTION A, LINE 11B				
UPON DRAFT COMPLETION OF THE ORGANIZATION'S 990 THE 1	DRAFT			
PDF COPY IS DOWNLOADED AND FORWARDED TO THE BOARD FOR	R REVIEW			
THE BOARD RETURNS ANY INPUT OR CORRECTIONS OF THE 99	0 BY			
MAIL AND THE CORRECTIONS ARE DISTRIBUTED AGAIN. ONCE ALL				
FORM 990, PART VI, SECTION A, LINE 11B - CONT				
ALL THE MEMBERS AGREE THE FINAL DOCUMENT IS SUBMITTE	D FOR			
COMPLETION				
FORM 990, PART VI, SECTION C, LINE 19				
UPON REQUEST THE ORGANIZATIONS RECORDS ARE AVAILABLE	FOR			
PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT O				
PRINCIPLE OFFICE. ADDITIONALLY IT IS POSTED ON GUIDE:				
WE ARE WORKING TO INCLUDE THE INFORMATION ON OUR				
FORM 990, PART VI, SECTION C, LINE 19 - CONT				
ORGANIZATIONAL WEBSITE.				
FORM 990, PART 11, LINE 9				

Form **8879-EO** 

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

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning  $\overline{\rm JAN}$  01 , 2020, and ending  $\overline{\rm DEC}$  31 , 2020

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

2020

Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpayer identification number Name of exempt organization or person subject to tax SOLANO ADVOCATES FOR VICTIMES OF 61-1582626 Name and title of officer or person subject to tax FRANCES ARMFIELD FINANCIAL OFFICER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here ■ X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . 2a Form 990-EZ check here ■ 3a Form 1120-POL check here ■ **b** Total tax (Form 1120-POL, line 22). . . . . . . . . . . . . . . **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 990-PF check here ■ **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . . . . 5a Form 8868 check here ■ 6a Form 990-T check here ■ **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . . 6b 7a Form 4720 check here ■ **b** Total tax (Form 4720, Part III, line 1) . . . . . . . . . . . . . . . **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above organization or | I am a person subject to tax with respect to \_ , (EIN) \_\_\_\_ and that I have examined a copy name of organization) true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize A.BROWN.FINANCIALS LLC to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 202 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date ■ 08/11/2021 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68176212345 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature ■ ANTHONY BROWN Date ■ 10/05/2021 **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

ID: 61-1582626

**Description:** GOVERNMENT GRANTS

Description: GOVERNMENT GRANTS	
Туре	Amount 321,001. 155,640. 100,225. 13,375. 40,067. 2,574.
CAL OES DH	321,001.
CAL OES DH CAL OES XL	155,640.
CAL OES FJC	100,225.
CAL OES KL	13,375.
MLF SOLANO COUNTY GRANT	40.067.
CDBG	2.574.
	2,0,11
Total	632,882.
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Name: SOLANO ADVOCATES FOR VICTIMES OF	<b>ID:</b> 61–1582626
Description, NON INTEDEST BEADING CASH	
Description: NON INTEREST BEARING CASH	
Туре	Amount
OPERATING CASH REVOLVING	Amount 65,701.

Total .....

ID: 61-1582626

Description: ALL OTHER GRANTS AND CONTRIBUTIONS

Туре	Amount
SOLANO COMMUNNITY FOUNDATION	10,000.
ALLSTATE COVID GRANT	4,500.
OTHER COVID-19 GRANTS	45 000
INDIVIDUAL BUSINESS CONTRIBUTIONS	45,000. 5,852. 16,666. 67,773.
SOLANO TRAUMA RECOVERY CENTER	16.666.
BREAKING BARRIERS	67,773.
	<del> </del>
Total	149,791.
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ID: 61-1582626

Name: SOLANO ADVOCATES FOR VICTIMES OF	ID: 61-1582626
Description: OCCUPANCY	
<u> </u>	
Туре	Δmount
60935 - CBC - OFFICE SPACE RENTAL	Amount 15,359.
60000 - CBC - OFFICE SPACE RENIAL	15,359.
60990 - MAINTENANCE/ REPAIRS/ HAULING	835.
	l l

16,194.

ID: 61-1582626

Description: OFFICE EXSPENSES

Type 60902 - BANK CHARGES	Amount 74.
	152.
35020 - POSTAGE, MAILING SERVICES 65030 - PRINTING AND COPYING	702.
65040 - SUPPLIES	1,933.
65050 - TELEPHONE, TELECOMMUNICATIONS	4,125.
60980 - OFFICE RENTAL EQUIPMENT	8,846.
00000 OFFICE RENTAL EQUIPMENT	0,040.
Total	15,832.
Total	10,002.

Description: TRAVEL			
	Amount 177.		
Iype	Amount		
Type 60915 - BUSINESS MEETING MEALS	1//.		
	100		
Total	177.		

ID: 61-1582626

Description:	INFORMATION	TECHNOLOGY

Туре	Amount
60925 - BUSINESS EMAIL EXPENSE 60945 - BUSINESS - WEBSITE 60950 - INSTAGRAM CHARGES 66010 - QUICKBOOK FEE	48.
60945 - BUSINESS - WEBSITE	(26.)
60950 - INSTAGRAM CHARGES	415.
66010 - QUICKBOOK FEE	620.
~	
Total	1,057.
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\_\_\_\_\_ **ID:** 61–1582626

Description: FEES	F'OR	SERVICES	_	MANAGEMENT	

Type	Amount
62120 - MENTAL HEALTH CONSULTANT	19,310. 18,780.
62150 - OUTSIDE CONTRACT SERVICES	18,780.
62100 - CONTRACT SERVICES - OTHER	400.
	20 400
Total	38,490.
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ID: 61-1582626 Name: SOLANO ADVOCATES FOR VICTIMES OF Description: FEES FOR SERVICES - LEGAL Type Amount 62140 - LEGAL FEES

79,168.

**ID:** 61−1582626

Descript	ion: 🖰	AYROLL	TAXES

Description: 1 ATNOTH TAXES	
<del>-</del>	
Type 65121 - WORKERS COMPENSATION	Amount
65140 - ADDIDTIONAL EDD PAYMENT	1,851. 541. 5,950.
05140 - ADDIDITONAL EDD PAYMENT	541.
65150 - ADDITIONAL IRS TAXES	5,950.
Total	8,342.
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Description: OTHER EMPLOYEE BENEFITS

ID: 61-1582626

Туре	Amount
65122 - INSURANCE - HEALTH	15,468.
65120 - INSURANCE - LIABILITY, D AND O	2,793.
·	·
	<u> </u>

18,261.

ID: 61-1582626

Description: STMNT OF PGRM SVCS ACCOMP GRANTS	
Туре	Amount
46700 - CAL OES DH GRANT AMOUNT	321,001.
46800 - CAL OES XL GRANT AMOUNT	155,640.
465069 - CAL OES FJC GRANT AMOUNT	155,640. 100,225.
	F F C 0 C C

576<u>,</u>866.

ID: 61-1582626

<b>Description:</b> SAVV	3	LARGEST	PROGRAMS	ACCOMPLISHMENTS

Type  46700 - CALOES DH HOUSING GRANT EXPENSES  46800 - CALOES XL LEGAL GRANT EXSPENSES  46506 - CALOES FJC	Amount 321,001. 155,640. 100,225.
46700 - CALOES DH HOUSING GRANT EXPENSES	321,001.
46800 - CALOES XL LEGAL GRANT EXSPENSES	155,640.
46506 - CALOES FJC	100,225.
Total	576 <b>,</b> 866.
Total	370 <b>,</b> 000.

_	
Type O - OTHER CURRENT ASSETS BALANCE SHEET	Amount (84
) - OIUEK COKKENI WOOFIO BATWOOF OUFFI	(04
	<u> </u>

US 990 Ot	ner Functional	Expenses: Page		2020
Description of the Asset	Talak	Program	Management	E adatata
Description of the Asset 60901 - REIMBURSEMENT	<u>Total</u> 94 .	Services 94.	and General	Fundraising
60905 - BUS START EXP	186.	186.		
60920 - BUS REG FEES	439.	439.		
60900 - BUS EXP - OTH	224.	224.		
61010 - OUTREACH	2,261.	221•		2,261.
65010 -BOOKS/SUBS/REF	99.	99.		2,201
65204 - CL HOTEL ASST	67.	67.		
65210 - CDBG	1,230.	1,230.		
65220 - CALOES DH	75 <b>,</b> 826.	75,826.		
65230 - SFJC ASST	67.	67.		
65240 - CALOES XL	56.	56.		
65260 - TRAUMA REC CT	9.	9.		
65160-GIFTCARD CLIENT	31,752.	31,752.		
6525201-CPEDV FIN AST	8,663.	8,663.		
6525202-CPEDV SHELTER	48,069.	48,069.		
65253 - SOL COM FDN	7,472.	7,472.		г о
FUNDRAISER EXPENSES	52.	1 001		52.
65251 - COVID-19 ASST	1,081. 177,647.	1,081. 175,334.		2,313.
	1//,04/.	1/3,334.		۷,313.

# **California Exempt Organization**2020 Appual Information Return

FORM

100

	Annual Information F	Keturn			133
Calendar Ye	ar 2020 or fiscal year beginning (mm/dd/yyyy)		(mm/dd/yyyy)	12/31/2	2020 .
	rganization name ) ADVOCATES FOR VICTIMES	OF	California corpo		
	rmation. See instructions.		FEIN	200	
VIOLEN	いこと s (suite or room)		61-1582	26∠6 PMB no.	
PO BOX	,			T IVID 110.	
City			State	Zip code	
VACAVI		T	CA	95696	
Foreign count	ry name	Foreign province/state/county		Foreign posta	.l code
A First retur	m	Yes X No I Did the organization hav	e any changes	to its guidelir	nes
<b>B</b> Amended	return	■ Yes X No not reported to the FTB?	See instruction	าร	. <b>■</b> Yes X No
C IRC Secti	on 4947(a)(1) trust			_	
<b>D</b> Final info	rmation return?	engaged in political activ	vities? See instr	ructions	· ■ Yes X No
■∐ Dis Enter dat	solved Surrendered (Withdrawn) Mer e: (mm/dd/yyyy)	ged/Reorganized K Is the organization exempt un If "Yes," enter the gross receip	der R&TC Section	23701g?	. ■ Yes X No
E Check acc	ounting method: (1) X Cash (2) Accrual (3	B) Other L Is the organization a lim			
<b>F</b> Federal re		Sch H (990) M Did the organization file	Form 100 or Fo	orm 109 to	. ■ res △ No
	er 990 series	report taxable income?			
_	roup filing? See instructions	IDC audited in a prior ve			
	anization in a group exemption	Tes      NO			
ii res, v	vhat is the parent's name?	O Is federal Form 1023/10 Date filed with IRS			. Tes Kino
		_   Jaio iiio  iiiii			
Part I C	omplete Part I unless not required to file this				
	1 Gross sales or receipts from other sources.	From Side 2, Part II, line 8			275 00
	2 Gross dues and assessments from member		-		0.0
Receipts	3 Gross contributions, gifts, grants, and similar			■ 3	782,673 00
and	4 Total gross receipts for filing requirement to		- D		700 010 00
Revenues	5 Cost of goods sold	is less than \$50,000, see General Informatio		<b>4</b> 0	782,948 00
	6 Cost or other basis, and sales expenses of			0	
	7 Total costs. Add line 5 and line 6			7	10 0
	8 Total gross income. Subtract line 7 from line				782,948 00
_	9 Total expenses and disbursements. From S				791,213 00
Expenses	10 Excess of receipts over expenses and disb		_		-8 <b>,</b> 265 00
	11 Total payments			11	0.0
	<b>12</b> Use tax. See General Information $K \dots$		-	12	0.0
Filing Fee	13 Payments balance. If line 11 is more than li		_	■ 13	0.0
g . cc	14 Use tax balance. If line 12 is more than line		_		0.0
	15 Penalties and Interest. See General Inform		_		0.0
	<b>16 Balance due</b> . Add line 12 and line 15. The Under penalties of perjury, I declare that I have exam			16	0 0
Sign	belief, it is true, correct, and complete. Declaration o				
Here	Signature	Title Date		Telephone	J
	of officer	FINANCIAL OFFI		DTIN	
	Preparer's signature ANTHONY BROWN	l l		PTIN 2017155	557
Paid	Firm's name (or yours,	00/11/2021		Firm's FEIN	7
Preparer's Use Only	if self-employed) <u>A.BROWN.FI</u>	NANCIALS LLC		33-4630	0640
	and address 8508 SUNNYBRAE I SACRAMENTO CA 95823-	DRV		Telephone 714-600	1-7364
	May the FTB discuss this return with the pre	parer shown above? See instructions		X Yes	No
	·				

Form 199 2020 **Side 1**