



**ONE PLACE FAMILY JUSTICE CENTER'S  
WORKING WOMAN'S HOME ASSOCIATION 2023 GRANT APPLICATION ATTACHMENTS**

**ATTACHMENT I-One Place Proposed Project Budget**

**ATTACHMENT II- One Place 2022 Current Budget**

**ATTACHMENT III-Statement of Revenues and Expenses and Balance Sheet for FY 2021**

**ATTACHMENT IV- Copy of Most Recent 990**

**ATTACHMENT V- List of Board of Directors**

**ATTACHMENT VI- IRS Letter of Determination of 501 © (3) status**



ONE PLACE FAMILY JUSTICE CENTER'S  
WORKING WOMAN'S HOME ASSOCIATION 2023 GRANT APPLICATION BUDGET

**SANE-P On-call Services: \$14,600.00**

SANES are provided after hours on weeknights for pediatric forensic examinations (5pm-5am) and 24-hour forensic examination coverage is provided on weekends. The pediatric weeknight shifts at \$40/shift for a total of 208 weeknight shifts and weekend shifts at \$20.00/shift for 157-weekend shifts.

208 pediatric weeknight shifts \$40/shift = \$8320.0

157 pediatric weekend dates, 2 shifts per date = 314 shifts x \$20 shift = \$6280.00

**Travel/Training: \$3200.00**

The One Place SANE Project Coordinator and SANE-P nurse will attend the International Association of Forensic Nurses (IAFN) International Conference on Forensic Nursing Science and Practice held in September 2023.

Conference Registration- 2 attendees x \$600.00 = \$1,200.00

Per Diem for attendees to attend 5- day conference = \$2,000.00

**Total Budget: \$17,800.00**



**ONE PLACE**  
FAMILY JUSTICE CENTER

# Attachment II

CATEGORY	In-Kind*	UNREST <sup>1</sup>	COUNTY <sup>3</sup>	CITY <sup>4</sup>	VOCA - DV	VOCA-UN	VOCA-SA	VAWA21 <sup>6</sup>	VAWA22 <sup>7</sup>	STAR <sup>8</sup>	WW	TOTAL
Salaries			21,738	21,738	146,173	10,507	156,509	2,163	6,489	10,292		375,609
Fringe Benefits			7,548	7,548	73,726	1,567	45,974	803	2,257	4,608		144,031
Operating	113,500	22,033			41,254	3,626	35,430	8,047	9,650	59,928		179,968
Professional Services	84,469	9,000			159,017	5,800	28,087	2,250	22,733	58,522	7,360	292,769
Travel/Conferences					4,000	1,000			880	2,500	3,200	11,580
Mileage										1,000		1,000
Equipment Purchase									14,241			14,241
<b>Expense Total</b>	<b>\$197,969</b>	<b>\$31,033</b>	<b>\$29,286</b>	<b>\$29,286</b>	<b>\$424,170</b>	<b>\$22,500</b>	<b>\$266,000</b>	<b>\$13,263</b>	<b>\$56,250</b>	<b>\$136,850</b>	<b>\$10,560</b>	<b>1,019,198</b>

\*In-kind is non-cash to One Place in the form of volunteer hours, building rental and janitorial services.



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ATTACHMENT II

Financial Statements  
One Place Family Justice Center  
September 30, 2021

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# Balance Sheet

## One Place Family Justice Center As at 30 September 2021

### Summary

These statements have not been compiled, reviewed, or audited. No assurance is provided on these statements. These financial statements are prepared on the accrual basis of accounting. Management has elected to omit substantially all disclosures and the statement of cash flows as required by GAAP.

30 Sep 2021

### Assets

<b>Cash and Cash Equivalents</b>	
Money Market	25,021
Petty Cash	300
Regions Bank	272,058
<b>Total Cash and Cash Equivalents</b>	<b>297,378</b>
<b>Current Assets</b>	
Accounts Receivable	362,118
<b>Total Current Assets</b>	<b>362,118</b>
<b>Property, Plant and Equipment</b>	
Accumulated Amortization	(1,970)
Accumulated Depreciation	(194,471)
Construction in Process	21,516
Equipment	98,297
Furniture and Fixtures	68,237
Leasehold Improvements	96,009
Software	5,455
<b>Total Property, Plant and Equipment</b>	<b>93,073</b>
<b>Total Assets</b>	<b>752,569</b>

### Liabilities and Equity

<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	123,242
<b>Total Current Liabilities</b>	<b>123,242</b>
<b>Total Liabilities</b>	<b>123,242</b>
<b>Equity</b>	
Current Year Earnings	124,238
Net Assets	505,089
<b>Total Equity</b>	<b>629,327</b>
<b>Total Liabilities and Equity</b>	<b>752,569</b>

# Income Statement

## One Place Family Justice Center For the month ended 30 September 2021

### Summary

These statements have not been compiled, reviewed, or audited. No assurance is provided on these statements. These financial statements are prepared on the accrual basis of accounting. Management has elected to omit substantially all disclosures and the statement of cash flows as required by GAAP.

	Sep-21	Aug-21	Jul-21	YTD
<b>Revenue</b>				
ADECA Revenue - VAWA 21	2,291	2,319	3,411	27,639
ADECA Revenue - VOCA 21	145,814	81,244	79,258	871,935
County In-Kind Revenue	-	9,250	9,250	101,750
Interest Income	-	-	-	3
Miscellaneous Income	-	-	-	34
Special Events/Fundraising Income	950	400	940	18,387
STAR Revenue	20,800	12,500	12,350	162,300
Unrestricted Contributions	2,480	8	-	28,386
Volunteer Hrs In-Kind Revenue	24,885	30,719	24,885	293,533
<b>Total Revenue</b>	<b>197,221</b>	<b>136,440</b>	<b>130,095</b>	<b>1,503,968</b>
<b>Gross Profit</b>	<b>197,221</b>	<b>136,440</b>	<b>130,095</b>	<b>1,503,968</b>

### Operating Expenses

#### Administrative Expenses

Administrative Costs	504	-	-	2,616
Amortization Expense	152	152	152	1,818
Bank Fees	6	16	16	974
Building - Janitorial	-	-	-	1,123
Building - Maintenance	-	-	-	1,700
Conferences/Education	-	125	1,272	3,870
County In-Kind Expense	-	9,250	9,250	101,750
Depreciation Expense	1,307	1,181	1,181	14,294
Direct Client Services	-	-	-	449
Equipment Maintenance	279	1,377	279	9,741
Food & Water for Victims	429	-	327	2,167
Fundraising Expense	70	-	-	70
Furniture & Computers	5,874	(704)	2,726	8,220
Insurance - Liability	-	3,729	3,065	6,794
Interest Expense	-	-	-	21
Media/PA	8,726	8,726	-	22,351
Membership Dues & Subscriptions	-	300	1,000	1,479
Miscellaneous Expense	-	-	(193)	(106)
Office Supplies	5,683	614	92	16,544
Pest Control	80	40	-	480
Postage	-	297	-	472
Printing Expense	3,901	1,078	120	5,932
Program Supplies	2,514	4,417	736	10,651

# Income Statement

	Sep-21	Aug-21	Jul-21	YTD
Replacement Clothes for Clients	-	-	-	158
Security System	-	65	54	346
Software Expense	2,000	469	455	7,938
Special Events	-	-	-	4,093
Telephone & Internet Expense	858	719	519	8,037
Transportation/Emergency Assistance for Victims	-	2,595	316	3,389
Utilities	1,739	1,918	1,984	16,831
Website	62	62	62	721
<b>Total Administrative Expenses</b>	<b>34,181</b>	<b>36,423</b>	<b>23,412</b>	<b>254,925</b>
<b>Personnel</b>				
Fringe Benefit - Healthcare	4,240	4,813	6,147	63,737
Insurance - Workers Comp	540	2,231	540	10,207
Payroll Expense	27,345	28,812	29,784	305,642
Payroll Tax Expense	2,055	2,167	2,095	22,802
<b>Total Personnel</b>	<b>34,180</b>	<b>38,023</b>	<b>38,566</b>	<b>402,388</b>
<b>Professional Services</b>				
Consultant ABCo	1,500	1,500	1,500	18,110
Consultant DA	22,774	8,396	7,867	143,486
Consultant LSA	15,394	11,721	16,557	149,974
Human Trafficking Victim Services	195	-	-	195
Intake/Case Mngt Assistant	-	-	-	1,200
Lang. Interpretation Services	110	-	-	890
SANE On-call	2,820	2,930	3,037	35,317
Volunteer Hrs In-Kind	24,885	30,719	24,885	293,533
<b>Total Professional Services</b>	<b>67,679</b>	<b>55,265</b>	<b>53,846</b>	<b>642,703</b>
<b>STAR - Direct Costs</b>				
Administrative Costs (STAR)	-	-	-	439
Forensic Exams (STAR)	5,775	3,375	3,650	56,725
Fringe Benefit - Healthcare (STAR)	308	308	66	1,607
Insurance - Workers Comp (STAR)	14	437	14	560
Membership Dues & Subscriptions (STAR)	-	-	-	180
Office Supplies (STAR)	-	-	17	61
Payroll Expense (STAR)	1,139	1,187	1,241	17,025
Payroll Tax Expense (STAR)	86	89	93	1,295
Program Supplies (STAR)	725	129	-	1,156
<b>Total STAR - Direct Costs</b>	<b>8,048</b>	<b>5,525</b>	<b>5,081</b>	<b>79,047</b>
<b>Travel Expenses</b>				
Travel & Conferences	48	32	-	667
<b>Total Travel Expenses</b>	<b>48</b>	<b>32</b>	<b>-</b>	<b>667</b>
<b>Total Operating Expenses</b>	<b>144,136</b>	<b>135,268</b>	<b>120,905</b>	<b>1,379,730</b>
<b>Net Income / (Loss) before Tax</b>	<b>53,085</b>	<b>1,172</b>	<b>9,190</b>	<b>124,238</b>
<b>Net Income</b>	<b>53,085</b>	<b>1,172</b>	<b>9,190</b>	<b>124,238</b>
<b>Total Comprehensive Income</b>	<b>53,085</b>	<b>1,172</b>	<b>9,190</b>	<b>124,238</b>

# Budget Comparison - General

One Place Family Justice Center

For the month ended September 30, 2021

Accrual Basis

	CURRENT MONTH	CURRENT MONTH BUDGET	YTD TOTAL	YTD BUDGET TOTALS
<b>Revenue</b>				
Interest Income	-	-	3	-
Miscellaneous Income	-	-	34	-
Special Events/Fundraising Income	950	-	18,387	-
Unrestricted Contributions	2,480	3,366	28,386	40,403
Volunteer Hrs In-Kind Revenue	-	7,040	-	84,469
STAR Revenue	20,800	13,083	162,300	156,996
<b>Total Revenue</b>	<b>24,230</b>	<b>23,489</b>	<b>209,110</b>	<b>281,868</b>
<b>Gross Profit</b>	<b>24,230</b>	<b>23,489</b>	<b>209,110</b>	<b>281,868</b>
<b>Operating Expenses</b>				
<b>Administrative Expenses</b>				
Administrative Costs	504	163	2,616	2,000
Amortization Expense	152	-	1,818	-
Bank Fees	6	38	974	500
Board Meeting Expense	-	57	-	750
Board Supplies	-	13	-	200
Building - Janitorial	-	-	1,123	-
Building - Maintenance	-	87	300	1,000
Conferences/Education	-	-	1,437	-
Depreciation Expense	1,307	-	14,294	-
Equipment Maintenance	-	38	394	500
Special Events	-	163	4,093	2,000
Fundraising Expense	70	-	70	-
Furniture & Computers	959	87	959	1,000
Hiring Expense	-	50	-	600
Insurance - D&O	-	113	-	1,400
Insurance - Liability	-	225	6,794	2,700
Interest Expense	-	-	21	-
Media/PA	-	-	400	-
Membership Dues & Subscriptions	-	87	1,479	1,000
Miscellaneous Expense	-	60	(158)	500
Office Supplies	1,032	163	3,215	2,000
Pest Control	16	9	96	108
Postage	-	25	169	300
Printing Expense	110	38	584	500

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Budget Comparison - General

	CURRENT MONTH	CURRENT MONTH BUDGET	YTD TOTAL	YTD BUDGET TOTALS
Program Supplies	-	87	262	1,000
Security System	-	16	58	192
Software Expense	138	125	1,975	1,500
Telephone & Internet Expense	-	-	46	-
Utilities	-	380	990	4,505
Website	12	35	191	398
<b>Total Administrative Expenses</b>	<b>4,307</b>	<b>2,059</b>	<b>44,202</b>	<b>24,653</b>
<b>Personnel</b>				
Payroll Tax Expense	-	-	(147)	-
Fringe Benefit - Healthcare	-	-	(750)	-
<b>Total Personnel</b>	<b>-</b>	<b>-</b>	<b>(897)</b>	<b>-</b>
<b>Professional Services</b>				
Consultant ABCo	750	1,307	9,110	15,750
Volunteer Hrs In-Kind	-	7,040	-	84,469
<b>Total Professional Services</b>	<b>750</b>	<b>8,347</b>	<b>9,110</b>	<b>100,219</b>
<b>STAR - Direct Costs</b>				
Administrative Costs (STAR)	-	5,711	439	68,576
Conferences/Education (STAR)	-	87	-	1,000
Forensic Exams (STAR)	5,775	5,000	56,725	60,000
Fringe Benefit - Healthcare (STAR)	308	-	1,607	-
Insurance - Workers Comp (STAR)	14	-	560	-
Membership Dues & Subscriptions (STAR)	-	119	180	1,450
Office Supplies (STAR)	-	87	61	1,000
Payroll Expense (STAR)	1,139	1,683	17,025	20,196
Payroll Tax Expense (STAR)	86	101	1,295	1,278
Program Supplies (STAR)	23	87	453	1,000
Travel & Conferences (STAR)	-	212	-	2,500
<b>Total STAR - Direct Costs</b>	<b>7,345</b>	<b>13,087</b>	<b>78,344</b>	<b>157,000</b>
<b>Travel Expense</b>				
Travel & Conferences	-	-	24	-
<b>Total Travel Expense</b>	<b>-</b>	<b>-</b>	<b>24</b>	<b>-</b>
<b>Total Operating Expenses</b>	<b>12,402</b>	<b>23,493</b>	<b>130,783</b>	<b>281,872</b>
<b>Operating Income</b>	<b>11,828</b>	<b>(4)</b>	<b>78,328</b>	<b>(4)</b>
<b>Net Income</b>	<b>11,828</b>	<b>(4)</b>	<b>78,328</b>	<b>(4)</b>

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# Budget Comparison - ADECA

## One Place Family Justice Center For the month ended September 30, 2021 Accrual Basis

	CURRENT MONTH	CURRENT MONTH BUDGET	YTD TOTAL	YTD BUDGET TOTALS
<b>Revenue</b>				
Volunteer Hrs In-Kind Revenue	24,885	-	293,533	-
County In-Kind Revenue	-	-	101,750	-
ADECA Revenue - VOCA 21	145,814	88,202	871,935	1,058,468
ADECA Revenue - VAWA 21	2,291	-	27,639	-
<b>Total Revenue</b>	<b>172,990</b>	<b>88,202</b>	<b>1,294,857</b>	<b>1,058,468</b>
<b>Gross Profit</b>	<b>172,990</b>	<b>88,202</b>	<b>1,294,857</b>	<b>1,058,468</b>
<b>Operating Expenses</b>				
<b>Administrative Expenses</b>				
Conferences/Education	-	-	2,434	-
County In-Kind Expense	-	9,250	101,750	111,000
Direct Client Services	-	-	449	-
Equipment Maintenance	279	707	9,347	8,440
Food & Water for Victims	429	150	2,167	1,800
Furniture & Computers	4,915	-	7,261	-
Human Trafficking Victim Services	195	-	195	-
Media/PA	8,726	564	21,951	6,746
Membership Dues & Subscriptions	-	48	-	378
Miscellaneous Expense	-	-	52	-
Office Supplies	4,650	857	12,021	10,284
Pest Control	64	36	384	432
Postage	-	38	302	500
Printing Expense	3,790	163	5,347	2,000
Program Supplies	2,514	610	10,389	7,320
Program Supplies (STAR)	703	-	703	-
Replacement Clothes for Clients	-	85	158	1,020
Security System	-	64	288	768
Software Expense	1,861	350	5,964	4,200
Telephone & Internet Expense	858	807	7,991	9,739
Transportation/Emergency Assistance for Victims	-	125	3,389	1,500
Utilities	1,739	1,460	15,841	17,520
Volunteer Supplies	-	47	-	630
Website	49	54	530	593
<b>Total Administrative Expenses</b>	<b>30,772</b>	<b>15,415</b>	<b>208,912</b>	<b>184,870</b>
<b>Personnel</b>				

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Budget Comparison - ADECA

	CURRENT MONTH	CURRENT MONTH BUDGET	YTD TOTAL	YTD BUDGET TOTALS
Payroll Expense	27,345	31,065	310,242	372,736
Payroll Tax Expense	2,055	2,726	23,301	32,778
Fringe Benefit - Healthcare	4,240	6,475	64,487	77,744
Fringe Benefit - Retirement	-	393	-	4,694
Insurance - Workers Comp	540	725	10,207	8,722
<b>Total Personnel</b>	<b>34,180</b>	<b>41,384</b>	<b>408,238</b>	<b>496,674</b>
<b>Professional Services</b>				
Consultant LSA	15,394	11,089	149,974	133,112
Consultant DA	22,774	7,839	138,605	94,024
Consultant ABCo	750	-	9,000	-
SANE On-call	2,820	3,993	35,317	47,960
SANE Training	-	205	-	2,504
Prof Training Instructors	-	191	-	2,270
Lang. Interpretation Services	110	168	890	2,060
Intake/Case Mngt Assistant	-	-	1,200	-
Volunteer Hrs In-Kind	24,885	7,040	293,533	84,469
<b>Total Professional Services</b>	<b>66,734</b>	<b>30,525</b>	<b>628,517</b>	<b>366,399</b>
<b>Travel Expense</b>				
Travel & Conferences	48	878	643	10,525
<b>Total Travel Expense</b>	<b>48</b>	<b>878</b>	<b>643</b>	<b>10,525</b>
<b>Total Operating Expenses</b>	<b>131,734</b>	<b>88,202</b>	<b>1,246,310</b>	<b>1,058,468</b>
<b>Operating Income</b>	<b>41,257</b>	<b>-</b>	<b>48,548</b>	<b>-</b>
<b>Net Income</b>	<b>41,257</b>	<b>-</b>	<b>48,548</b>	<b>-</b>

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# Budget Comparison - Municipal

One Place Family Justice Center  
 For the month ended September 30, 2021  
 Accrual Basis

	CURRENT MONTH	CURRENT MONTH BUDGET	YTD TOTAL	YTD BUDGET TOTALS
<b>Revenue</b>				
County Revenue	-	2,095	-	25,184
County In-Kind Revenue	-	9,337	-	112,000
City In-Kind Revenue	-	212	-	2,500
City Revenue	-	2,095	-	25,184
<b>Total Revenue</b>	-	<b>13,739</b>	-	<b>164,868</b>
<b>Gross Profit</b>				
	-	<b>13,739</b>	-	<b>164,868</b>
<b>Operating Expenses</b>				
<b>Administrative Expenses</b>				
Building - Janitorial	-	212	-	2,500
Building - Maintenance	-	87	-	1,000
Rent Expense	-	9,250	-	111,000
<b>Total Administrative Expenses</b>	-	<b>9,549</b>	-	<b>114,500</b>
<b>Personnel</b>				
Payroll Expense	-	3,090	-	37,080
Payroll Tax Expense	-	1,100	-	13,288
<b>Total Personnel</b>	-	<b>4,190</b>	-	<b>50,368</b>
<b>Total Operating Expenses</b>	-	<b>13,739</b>	-	<b>164,868</b>
<b>Operating Income</b>				
	-	-	-	-
<b>Net Income</b>				
	-	-	-	-

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# Budget Comparison - GGCF

One Place Family Justice Center  
For the month ended September 30, 2021  
Accrual Basis

	CURRENT MONTH	CURRENT MONTH BUDGET	YTD TOTAL	YTD BUDGET TOTALS
<b>Revenue</b>				
COVID-19 Grant	-	1,246	-	14,996
<b>Total Revenue</b>	-	<b>1,246</b>	-	<b>14,996</b>
<b>Gross Profit</b>	-	<b>1,246</b>	-	<b>14,996</b>
<b>Operating Expenses</b>				
<b>Administrative Expenses</b>				
Building - Maintenance	-	-	(1,400)	-
COVID-19 Expense	-	(496)	-	(5,996)
Office Supplies	-	-	(1,309)	-
<b>Total Administrative Expenses</b>	-	<b>(496)</b>	<b>(2,709)</b>	<b>(5,996)</b>
<b>Personnel</b>				
Payroll Expense	-	750	-	9,000
<b>Total Personnel</b>	-	<b>750</b>	-	<b>9,000</b>
<b>Professional Services</b>				
Consultant DA	-	-	4,881	-
<b>Total Professional Services</b>	-	-	<b>4,881</b>	-
<b>Total Operating Expenses</b>	-	<b>1,246</b>	<b>7,590</b>	<b>14,996</b>
<b>Operating Income</b>	-	-	<b>(7,590)</b>	-
<b>Net Income</b>	-	-	<b>(7,590)</b>	-

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**Income Statement - Cash Basis**  
**One Place Family Justice Center**  
**For the month ended 30 September 2021**

<b>Cash Balance at 08/31/21</b>	<u>\$ 180,956</u>	
	<b>Current Month</b>	<b>YTD</b>
<b>Revenue</b>		
ADECA Revenue - VAWA	\$ 2,291	\$ 27,639
ADECA Revenue - VOCA	145,814	871,936
County Revenue		101,750
Interest Income	1	3
Miscellaneous Income		34
Special Events/Fundraising Income	950	18,387
STAR Revenue	20,800	162,300
Unrestricted Contributions	2,480	28,386
Volunteer Hrs In-Kind Revenue	24,885	293,532
<b>Total Revenue</b>	<u><b>197,221</b></u>	<u><b>1,503,967</b></u>
<b>Expenses</b>		
Administrative Costs	504	2,617
Amortization Expense	151	1,818
Bank Fees	6	973
Building - Janitorial		1,123
Building - Maintenance		1,700
Conferences/Education		3,870
County In-kind Expense		101,750
Depreciation Expense	1,307	14,296
Direct Client Services		449
Equipment Maintenance	279	9,741
Food & Water for Victims	429	2,167
Fundraising Expense	70	70
Furniture & Computers	5,874	8,220
Insurance - Liability		6,794
Interest Expense		21
Media/PA	8,725	22,351
Membership Dues & Subscriptions		1,479
Miscellaneous Expense		(106)
Office Supplies	5,685	16,547
Pest Control	80	480
Postage		472
Printing Expense	3,900	5,931
Program Supplies	2,514	10,651
Replacement Clothes for Clients		158
Security System		346
Software Expense	1,999	7,938
Special Events		4,093
Telephone & Internet Expense	858	8,037
Transportation/Emergency Assistance for Victims		3,389
Utilities	1,739	16,831
Website	61	721
Fringe Benefit - Healthcare	4,240	63,737
Insurance - Workers Comp	540	10,206
Payroll Expense	27,345	305,642
Payroll Tax Expense	2,055	22,802
Consultant ABCo	1,500	18,110

Consultant DA	22,774	143,485
Consultant LSA	15,394	149,974
Human Trafficking Victim Services	195	195
Lang. Interpretation Services	110	890
Intake/Case Mngt Assistant		1,200
SANE On-call	2,820	35,317
Volunteer Hrs In-Kind	24,885	293,532
Administrative Costs (STAR)		439
Forensic Exams (STAR)	5,775	56,725
Fringe Benefit - Healthcare (STAR)	308	1,606
Insurance - Workers Comp (STAR)	14	561
Membership Dues & Subscriptions (STAR)		180
Office Supplies (STAR)		61
Payroll Expense (STAR)	1,139	17,025
Payroll Tax Expense (STAR)	86	1,295
Program Supplies (STAR)	725	1,155
Travel & Conferences	48	667
<b>Total Expenses</b>	<b><u>144,134</u></b>	<b><u>1,379,731</u></b>
<b>Net Income / (Loss)</b>	<b><u>\$ 53,087</u></b>	<b><u>\$ 124,236</u></b>

**Reconciling Item:**

**Non-Cash Item**

Change in Accounts Receivable	113,493
Change in Accounts Payable	(22,518)
Purchase of Fixed Assets	(29,098)
Amoritzation Expense	151
Depreciation Expense	1,307
<b>Cash Balance at 09/30/21</b>	<b><u>\$ 297,378</u></b>

# One Place Family Justice Center

September 30, 2021

## Credit Card Recap

### Regions Commercial Bankcard

Invoice Date 9/27/2021

Reference Number 092721

Account Number	Account Description	Vendor	Amount	Department
61425	Office Supplies	Amazon	220.16	ADECA / VOCA21
61425	Office Supplies	Amazon	55.04	General
61425	Office Supplies	Amazon	73.43	ADECA / VOCA21
61425	Office Supplies	Amazon	18.36	General
61425	Office Supplies	Office Depot	208.54	ADECA / VOCA21
61425	Office Supplies	Office Depot	52.13	General
61425	Office Supplies	Amazon	32.82	ADECA / VOCA21
61425	Office Supplies	Amazon	8.20	General
<b>61425 Total</b>			668.68	
61525	Program Supplies	Walmart	337.93	ADECA / VOCA21
61525	Program Supplies	Walmart	71.11	ADECA / VOCA21
61525	Program Supplies	Walmart	257.81	ADECA / VOCA21
61525	Program Supplies	Walmart	446.51	ADECA / VOCA21
<b>61525 Total</b>			1,113.36	
61600	Software Expense	Bill.com	92.43	General
61600	Software Expense	Hello Sign	108.00	ADECA / VOCA21
61600	Software Expense	Hello Sign	27.00	General
61600	Software Expense	Tech Soup	233.00	ADECA / VOCA21
61600	Software Expense	Tech Soup	12.00	General
61600	Software Expense	Hello Sign	135.00	ADECA / VOCA21
61600	Software Expense	Adobe Inc.	259.07	ADECA / VOCA21
61600	Software Expense	Microsoft	26.40	ADECA / VOCA21
61600	Software Expense	Microsoft	6.60	General
<b>61600 Total</b>			899.50	
68050	Website	Wild Apricot	49.44	ADECA / VOCA21
68050	Website	Wild Apricot	12.36	General
<b>68050 Total</b>			61.80	
68150	Food & Water For Victims	Sam's Club	280.60	ADECA / VOCA21
68150	Food & Water For Victims	Walmart	148.22	ADECA / VOCA21
<b>68150 Total</b>			428.82	
68300	Human Trafficking Victim Serv On Time Taxi		50.00	ADECA / VOCA21
<b>68300 Total</b>			50.00	
<b>Grand Total</b>			3,222.16	



For calendar year 2019, or fiscal year beginning 10/01, 2019, and ending 9/30, 20 20

**2019**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Employer identification number  
**27-1413416**

Name and title of officer  
**ONE PLACE FAMILY JUSTICE CENTER**  
**MARJORIE BAKER**  
**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>951,652</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize ALDRIDGE, BORDEN & COMPANY, PC to enter my PIN 13416 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 08/11/21

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**63539340695**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ COREY SAVOIE, CPA Date ▶ 08/11/21

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

**A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="text-align: center;"><b>ONE PLACE FAMILY JUSTICE CENTER</b></div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>530 SOUTH LAWRENCE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>MONTGOMERY AL 36104</b>	<b>D</b> Employer identification number <b>27-1413416</b> <b>E</b> Telephone number <b>334-262-7378</b> <b>G</b> Gross receipts \$ <b>951,652</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: <b>N/A</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2009</b> <b>M</b> State of legal domicile: <b>AL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>	
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>8</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>		<b>0</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>661,829</b>	<b>770,635</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>181,017</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>661,829</b>	<b>951,652</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>153,742</b>	<b>334,812</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,149</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>405,727</b>	<b>568,402</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>559,469</b>	<b>903,214</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>102,360</b>	<b>48,438</b>		
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>302,805</b>	<b>351,577</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>166</b>	<b>500</b>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>302,639</b>	<b>351,077</b>		

**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.

<b>Sign Here</b>	Signature of officer <b>MARJORIE BAKER</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COREY SAVOIE, CPA</b>	Preparer's signature <b>COREY SAVOIE, CPA</b>
	Firm's name ▶ <b>ALDRIDGE, BORDEN &amp; COMPANY, PC</b> <b>74 COMMERCE STREET</b> <b>MONTGOMERY, AL 36104</b>	Date Check <input type="checkbox"/> if self-employed PTIN <b>P01412264</b> Firm's EIN ▶ <b>63-0781330</b> Phone no. <b>334-834-6640</b>

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

SEE 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 No

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

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

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 859,224 including grants of \$ ) (Revenue \$ )
COMPREHENSIVE SERVICE AND SUPPORT CENTER WHICH AFFORDS GREATER SAFETY, ACCESS TO SERVICES AND CONFIDENTIALITY FOR VICTIMS AND THEIR FAMILIES BY CO-LOCATING UNDER ONE ROOF.

4b (Code: ) (Expenses \$ N/A including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ N/A including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 859,224

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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?		X

**Part V 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		
	<b>2a</b> 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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 account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	<b>11a</b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	<b>13a</b>	
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	<b>13b</b>	
c	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	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? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>	X

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	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?		<input checked="" type="checkbox"/>
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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 policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**MARJORIE BAKER** **530 SOUTH LAWRENCE STREET**  
**MONTGOMERY** **AL 36104** **334-262-7378**

**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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARYL BAILEY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) JANEL BELL-HAYNES	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) MICHAEL BRIDDELL	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) JON BRIGGS	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) ELLEN BROOKS	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) KELLI DAY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) ANTONIO FORTSON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) EDDIE COMPTON, III	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(9) LILETTA JENKINS	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) DANIEL HARRIS, JR.	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) ADENA KRAMER	0.00									
BOARD MEMBER	0.00	X					0	0	0	



(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BRENDA MITCHELL</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) <b>DAPHNE O'HAIR</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) <b>KATIE O'MAILIA</b>	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(15) <b>NELL RANKIN</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) <b>JENNY REAVES</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) <b>KAREN SELLERS</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) <b>AL STEINEKER</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) <b>BEN VENABLE</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	770,635				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			<b>770,635</b>			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>6b</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>7b</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> STAR REVENUE			156,998	156,998		
	<b>b</b> UNRESTRICTED CONTRIBUTIONS			22,038	22,038		
	<b>c</b> SPECIAL EVENTS/FUNDRAISING IN			1,973	1,973		
	<b>d</b> All other revenue			8	8		
	<b>e Total.</b> Add lines 11a-11d				181,017		
<b>12 Total revenue.</b> See instructions				951,652	181,017	0	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
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	266,339	239,705	26,634	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,197	43,377	4,820	
10	Payroll taxes	20,276	18,248	2,028	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	18,052	18,052		
d	Lobbying				
e	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	14,659	14,659		
13	Office expenses	12,463	11,217	1,246	
14	Information technology				
15	Royalties				
16	Occupancy	27,840	25,056	2,784	
17	Travel	4,118	3,500	618	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	380	380		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,727	14,727		
23	Insurance	9,100	5,460	3,640	
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	CONSULTANT LSA	163,504	163,504		
b	CONSULTANT DA	120,331	120,331		
c	STAR FORENSIC EXAMS	59,400	59,400		
d	SANE ON-CALL	36,913	36,913		
e	All other expenses	86,915	84,695	1,071	1,149
25	<b>Total functional expenses.</b> Add lines 1 through 24e	903,214	859,224	42,841	1,149
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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	
<b>Assets</b>	1	Cash—non-interest-bearing	252,800	1 286,765	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4 2,908	
	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 3,734	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 233,043		
	b	Less: accumulated depreciation	10b 180,176	50,005	10c 52,867
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14 5,303	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	302,805	16	351,577	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	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	166	25 500	
	26	<b>Total liabilities.</b> Add lines 17 through 25	166	26 500	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	244,152	27 405,271	
	28	Net assets with donor restrictions	58,487	28 -54,194	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	302,639	32 351,077	
33	<b>Total liabilities and net assets/fund balances</b>	302,805	33 351,577		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	951,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	903,214
3	Revenue less expenses. Subtract line 2 from line 1	3	48,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	302,639
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	351,077

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>MARLA VICKERS</b>	0.00									
SECRETARY	0.00	X		X			0	0	0	
(21) <b>CLARK WARD</b>	0.00									
TREASURER	0.00	X		X			0	0	0	
(22) <b>SUZANNA WASSERMAN</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	

**1b Subtotal** ▶

**c Total from continuation sheets to Part VII, Section A** ▶

**d Total (add lines 1b and 1c)** ▶

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ONE PLACE FAMILY JUSTICE CENTER**

Employer identification number

**27-1413416**

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 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 operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - c  **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.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see Instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
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.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			405,241	661,829	770,635	1,837,705
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			3		181,017	181,020
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5			405,244	661,829	951,652	2,018,725
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,018,725

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6			405,244	661,829	951,652	2,018,725
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			405,244	661,829	951,652	2,018,725
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage for 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**Part VI**

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

Area for supplemental information with horizontal lines.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

ONE PLACE FAMILY JUSTICE CENTER

27-1413416

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

Table with 2 columns: Revenue, Assets. Rows include: 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 the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                  | Amount |
|----------------------------------|--------|
| 1c Beginning balance             |        |
| 1d Additions during the year     |        |
| 1e Distributions during the year |        |
| 1f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     |    |
| (ii) Related organizations  |     |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements		96,009	65,367	30,642
1d Equipment		84,500	68,531	15,969
1e Other		52,534	46,278	6,256
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>52,867</b>



**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>HEALTH INSURANCE WITHHOLDING</b>	500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	500

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





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ONE PLACE FAMILY JUSTICE CENTER

Employer identification number

27-1413416

**FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF ONE PLACE FAMILY JUSTICE CENTER IS TO PROVIDE A  
COMPREHENSIVE SERVICE AND SUPPORT CENTER WHICH AFFORDS GREATER SAFETY,  
ACCESS TO SERVICES, AND CONFIDENTIALITY FOR VICTIMS AND THEIR FAMILIES BY  
CO-LOCATING SERVICES UNDER ONE ROOF.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A COPY OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES WERE PROVIDED TO THE  
PRESIDENT PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THE ORGANIZATION MONITORS POTENTIAL AREAS OF CONFLICT OF INTEREST WHILE  
CONDUCTING NORMAL BUSINESS TRANSACTIONS. IN ADDITION, EACH YEAR BOARD  
MEMBERS ARE REQUIRED TO COMPLETE AND DISCLOSE ANY POSSIBLE CONFLICTS OF  
INTEREST.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION  
FEDERAL FORM 990 IS MADE AVAILABLE ON GUIDESTAR'S WEBSITE AND MADE  
AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
NO DOCUMENTS AVAILABLE TO THE PUBLIC

Name(s) shown on return

**ONE PLACE FAMILY JUSTICE CENTER**

Identifying number

**27-1413416**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14,725

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,725
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Year Ended: September 30, 20

27-1413416

One Place Family Justice Center  
530 South Lawrence Street  
Montgomery, AL 36104

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **10/01/19**, ending **09/30/20**

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**ONE PLACE FAMILY JUSTICE CENTER****27-1413416**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1.		
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		770,635
	4. Program service revenue	4.		
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		181,017
	12. <b>Total revenue.</b> Add lines 1 through 11	12.		951,652
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.		334,812
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.		18,052
	19. Occupancy, rent, utilities, and maintenance	19.		27,840
	20. Depreciation and Depletion	20.	14,192	14,727
	21. Other expenses	21.		507,783
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	14,192	903,214
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	-14,192	48,438
<b>Other Information</b>	24. Total exempt revenue	24.	951,652	951,652
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.		181,017
	27. Total assets	27.	50,002	351,577
	28. Total liabilities	28.		500
	29. Retained earnings	29.	64,275	351,077
	30. Number of voting members of governing body	30.		23
	31. Number of independent voting members of governing body	31.		23
	32. Number of employees	32.		8
33. Number of volunteers	33.			

Form **990**

**Tax Return History**

**2019**

Name **ONE PLACE FAMILY JUSTICE CENTER**

Employer Identification Number  
**27-1413416**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants					770,635	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Undraining revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					181,017	
<b>Total revenue</b>					<b>951,652</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					334,812	
Other compensation					18,052	
Professional fees					27,840	
Occupancy costs					14,727	
Depreciation and depletion		24,482	18,636	14,192	507,783	
Other expenses					903,214	
<b>Total expenses</b>		<b>24,482</b>	<b>18,636</b>	<b>14,192</b>	<b>48,438</b>	
<b>Excess or (Deficit)</b>		<b>-24,482</b>	<b>-18,636</b>	<b>-14,192</b>		
Total exempt revenue					951,652	
Total unrelated revenue						
Total excludable revenue					181,017	
Total Assets		97,103	78,467	50,002	351,577	
Total Liabilities					500	
<b>Net Fund Balances</b>		<b>-24,482</b>	<b>78,467</b>	<b>64,275</b>	<b>351,077</b>	



# ATTACHMENT V

## HELP & HOPE BEGIN AT

ONE PLACE  
FAMILY JUSTICE CENTER

### 2021 - 2022 Board of Directors Roster

Updated: April 21, 2022

#### EXECUTIVE COMMITTEE

##### **Eddie Compton, III, President**

Project Manager & Share Point Administrator  
Health Care Systems, Inc.  
(H) 266 Woodledge Place (36117)  
H: 334-649-4445; W: 334-414-4556  
C: 334-414-4556  
Email: cptjavaiii@aol.com

##### **Katie Cameron O'Mailia, Vice President**

Attorney, O'Mailia Law  
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##### **Marla Vickers, Secretary**

General Manager  
Alabama Interactive, LLC  
(H) 8419 Shaffer Ridge Ct. (36117)  
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Email: marla.vickers@alabamainteractive.org

##### **Clark Ward, Treasurer**

CFO, Russell Petroleum Company  
(H) 7724 Wynlakes Blvd. (36117)  
W: 334-834-3750; C: 334-799-1054  
Email: cward@russell-companies.com

#### BOARD MEMBERS

##### **Daryl Bailey**

District Attorney, Montgomery County  
Montgomery County District Attorney's Office  
(W) P.O. Box 1667 (36102-1667)  
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##### **Janel Bell-Haynes**

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##### **Jon Briggs**

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##### **Michael Briddell, President Emeritus**

Chief Administrator  
Montgomery County District Attorney's Office  
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##### **Ellen Brooks**

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**Lynette Cupps**

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**Antonio Fortson**

Vice President/Wealth Advisor  
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**Yvette M. Martinez-Hochberg, M.D.**

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**Liletta Jenkins**

State Manager, Alabama Children's Policy Councils  
Alabama Department of Early Childhood Education  
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P.O. Box 302755 (36130-2755)  
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**Adena B. Kramer**

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Development Division  
Department of Economic & Community Development  
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**Kelli McDaniel Day**

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Alabama Court of Civil Appeals  
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**Brenda Mitchell**

Chief, Director of Police Operations  
Auburn University Montgomery  
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C: 334-322-1206  
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**Daphne O'Hair**

Domestic Abuse Victim Advocate  
(H) 1302 A Hwy 31 N, Prattville (36067)  
W: 334-953-5551; C: 575-571-7752  
Email: [daphne.c.ohair.ctr@mail.mil](mailto:daphne.c.ohair.ctr@mail.mil)

**Jenny Reaves**

Chief of Operations  
Montgomery Police Department  
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(H) 506 Ashton Park Drive, Prattville (36066)  
W: 334-625-3872; C: 334-850-4440  
Email: [jreaves@montgomeryal.gov](mailto:jreaves@montgomeryal.gov)

**Karen Sellers**

Retired/Founder  
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Email: [karensellers43@gmail.com](mailto:karensellers43@gmail.com)

**Dr. Calvin Smith, Ph.D**

Assistant Professor, Psychology  
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W: 334-229-4800 C: 202-455-3443  
Email: [calvinsmith2@gmail.com](mailto:calvinsmith2@gmail.com)

**Al Steineker**

Owner/Caterer, King's Table Catering  
(W) 40 Carol Villa Drive (36109)  
W: 334-270-0020; C: 334-318-9888  
Email: [tktcatering@gmail.com](mailto:tktcatering@gmail.com)

**Ben Venable**

Director, Network Engineering, State of Alabama  
(H) P.O. Box 640188, Pike Road, AL 36064  
H: 334-272-5088; W: 334-242-4900  
C: 334-657-5088  
Email: [ben.venable@oit.alabama.gov](mailto:ben.venable@oit.alabama.gov)

**Lois Turner Williams**

Accountant, State of Alabama (DOT)  
(H) 111 Legends Drive (36116)  
C: 334-322-7059  
Email: [loislwms@aol.com](mailto:loislwms@aol.com)

**EXECUTIVE DIRECTOR**

**Marjorie Baker (Ex-Officio)**

Executive Director  
One Place Family Justice Center  
(W) 530 S. Lawrence Street (36104)  
W: 334-262-7378; C: 334-202-0635  
Email: [marjorie.baker@mc-ala.gov](mailto:marjorie.baker@mc-ala.gov)

# ATTACHMENT VI

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 01 2011

ONE PLACE FAMILY JUSTICE  
CENTER 530 S LAWRENCE ST  
MONTGOMERY, AL 36104

Employer Identification Number:  
27-1413416  
DLN:  
17053060310031  
Contact Person: ID# 31309  
DEL TRIMBLE  
Contact Telephone Number:  
(877) 829-5500 Accounting  
Period Ending:  
December 31 Public  
Charity Status:  
170 (b) (1) (A) (vi)  
Form 990 Required:  
Yes Effective Date of  
Exemption:  
December 2, 2009  
Contribution Deductibility:  
Yes Addendum  
Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)