WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> TRANSLIFELINE 101 BROADWAY, NO. 311 OAKLAND, CA 94607-3745

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990

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2017
<u> </u>
Open to Public
Inspection

Α	For th	e 2017 calendar year, or tax year beginning and	a enaing		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	TRANSLIFELINE			
	Name chan	e Doing business as TRANS LIFELINE		1 47-2	097494
	Initial returr	4 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Room/suite	+	
F	Final		311	510-	771-1417
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	1		1,138,387.
	Amer	ded		H(a) Is this a group re	
F	Appli			for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
$\overline{}$	Toy ov	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527		list. (see instructions)
		te: NWW.TRANSLIFELINE.ORG	01 321	┥,	
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	N State of legal domicile: CA
	art I	Summary	L Teal	oriorniation. ZOIT	A State of legal domicile. CA
•		Briefly describe the organization's mission or most significant activities: TRAN	IC T.TEI	T.TNE TO A N	<b>ΣΠΤΟΝΣΤ</b> .
9	1	TRANS-LED ORGANIZATION DEDICATED TO IMPR	OMING	THE CILLIATING THE	OF TOWAL
Activities & Governance					
ē	2	Check this box  if the organization discontinued its operations or disposition  is to be a second or disposition of the continued its operations or disposition  is to be a second or disposition or disp		<b>I</b>	ssets.
ő	3			3	$\frac{4}{4}$
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			
Ĭ	6	Total number of volunteers (estimate if necessary)			190
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		499,503.	1,138,285.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	102.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,630.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		501,136.	1,138,387.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		837.	18,030.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		60,593.	528,240.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  106, 8	<u></u>	0.	0.
ď	b				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		210,598.	209,490.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		272,028.	755,760.
	19	Revenue less expenses. Subtract line 18 from line 12		229,108.	382,627.
S OF	3		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		251,363.	277,119.
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)		0.	30,881.
影	22	Net assets or fund balances. Subtract line 21 from line 20		251,363.	246,238.
	art II	Signature Block			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of m	y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	ANTHONY GLAVINIC, TREASURER			
		Type or print name and title			
		Print/Type preparer's name  YIGIT UCTUM, CPA  Preparer's signature		Date Check	PTIN
Pai	d	,		1/28/19 If self-employ	
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN ▶	39-0974031
Use	Only	Firm's address  ≥ 230 PARK AVE FL 3			
_		NEW YORK, NY 10169-0005		Phone no.21	2-551-1724
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No
700	204 44	20 47 LUA For Penerwork Peduction Act Notice coathe congrete instruct	ione		Form <b>990</b> (2017)

Par	t 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:
	TRANS LIFELINE IS A NATIONAL TRANS-LED ORGANIZATION DEDICATED TO
	IMPROVING THE QUALITY OF TRANS LIVES BY RESPONDING TO THE CRITICAL
	NEEDS OF OUR COMMUNITY WITH DIRECT SERVICE, MATERIAL SUPPORT,
	ADVOCACY, AND EDUCATION. OUR VISION IS TO FIGHT THE EPIDEMIC OF TRANS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ 254,467. including grants of \$ 4,000.) (Revenue \$)
	TRANS LIFELINE OPERATES A NATIONAL TOLL-FREE PEER SUPPORT CRISIS
	HOTLINE FOR TRANSGENDER PEOPLE. THE SERVICES PROVIDED ON THE HOTLINE
	INCLUDE RESOURCE REFERRAL, MENTAL HEALTH SERVICES IN THE FORM OF PEER
	COUNSELING, AND SUICIDE PREVENTION. TRANSGENDER PEOPLE EXPERIENCE A
	SIGNIFICANTLY HIGHER RISK OF SUICIDE THAN THE GENERAL POPULATION (41%
	OF TRANSGENDER PEOPLE ATTEMPT SUICIDE AT SOME POINT IN THEIR LIFE). WE
	ARE THE ONLY CRISIS HOTLINE SPECIFICALLY TARGETING THE NEEDS OF THIS
	COMMUNITY. IN 2017, WE TRAINED 610 TRANSGENDER PEOPLE TO ANSWER CRISIS
	CALLS. OUR OPERATORS ANSWERED CALLS FROM 3,942 INDIVIDUALS IN 2017.
	70 240 14 020
4b	(Code: ) (Expenses \$ 72,342. including grants of \$ 14,030.) (Revenue \$)
	TRANS LIFELINE OPERATES A NATIONAL MATERIAL SUPPORT PROGRAM FOR
	TRANSGENDER PEOPLE, A POPULATION WHICH EXPERIENCES SIGNIFICANT
	DIFFICULTIES ACCESSING RESOURCES INCLUDING BUT NOT LIMITED TO HOUSING,
	EMPLOYMENT, AND SOCIAL SERVICES. AT LEAST 20% OF TRANSGENDER PEOPLE
	HAVE BEEN DISCRIMINATED AGAINST WHEN SEEKING A HOME, AT LEAST 44% HAVE
	FACED EMPLOYMENT DISCRIMINATION BASED ON THEIR GENDER IDENTITY, AND AT LEAST 20% HAVE BEEN DENIED EQUAL TREATMENT WHEN SEEKING SOCIAL SERVICES
	SUCH AS MEDICAL CARE. IN AN EFFORT TO REDUCE THESE INSTANCES OF
	DISCRIMINATION WE PROVIDE RESOURCE REFERRAL, RESEARCH FINDINGS, AND,
	MOST IMPORTANTLY, FUNDING FOR GENDER-CONGRUENT IDENTITY DOCUMENTS. BY
	PROVIDING THESE SERVICES WE GIVE TRANSGENDER PEOPLE THE OPPORTUNITY TO
	IMPROVE THEIR QUALITY-OF-LIFE OUTCOMES. IN 2017, WE DISBURSED \$14,030
4c	(Code:) (Expenses \$
<u>4</u> d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses   326,809.
ru:	Total program service expenses   520 / 500 f

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# Form 990 (2017) TRANSLIFELIN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		v
	complete Schedule G, Part III	19		X

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# Form 990 (2017) TRANSLIFELINE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	22	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	23		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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,7
	If "Yes," complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			. v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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

	Check if Schedule O contains a response of note to any line in this part v				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
_	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 19			
	filed for the calendar year ending with or within the year covered by this return			Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	······	3a 3b		- 25
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
<del>-r</del> a	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
h	If "Yes," enter the name of the foreign country:	accounty:	<del>-r</del> a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	<del>-</del>	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Гания	200	/0017

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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:			
	SCOUT WOLFCAVE - 510-771-1417			
	101 BROADWAY STE 311, OAKLAND, CA 94607-3745			

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C	C)			(D)	(E)	(F)	
Name and Title	Average		Position (do not check more than one			than		Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				r/trus	tee)	compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations	compensation	
	hours for	or dire	g.			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	ustee	truste		9 9	ubeus		(W-2/1099-MISC)		organization and related	
	below	Individual trustee or director	Institutional trustee	L	Key employee	st con iyee	10			organizations	
	line)	Indivi	Institu	Officer	Key eı	Highest compensated employee	Forme			3	
(1) SARAH MURPHY	1.00										
CHAIR		Х		Х				0.	0.	0	
(2) RONA MATLOW	1.00										
VICE CHAIR		Х		Х				0.	0.	0	
(3) IMANI MCPHADEN	1.00	١							_		
SECRETARY	1 00	Х		Х				0.	0.	0	
(4) WES PARKS	1.00	Į.,		7.7					_	0	
TREASURER	1.00	Х		Х				0.	0.	0	
(5) SARAH PATTERSON TREASURER	1.00	X		х				0.	0.	0	
(6) ANDREA MORSE	1.00	^		Λ				0.	0.	0	
DIRECTOR	1.00	X						0.	0.	0	
(7) TRACY GARZA	1.00	┢									
DIRECTOR		Х						0.	0.	0	
(8) DUSTY LAMAY	1.00										
DIRECTOR		Х						0.	0.	0	
(9) OLIVIA DANFORTH	1.00										
DIRECTOR		Х						0.	0.	0	
(10) MICKEY MAHONEY	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0	
(11) REBECCA PELL	1.00	١							_		
DIRECTOR	40.00	Х						0.	0.	0	
(12) GRETA GUSTAVA MARTELA	40.00	1		7.7				E4 00E	_	4 020	
EXECUTIVE DIRECTOR	40.00			Х				54,895.	0.	4,930	
(13) NINA CHAUBAL	40.00	1		х				55,955.	0.	2,643	
DIRECTOR OF OPERATIONS				Δ				33,933.	0.	2,043	
		1									
		1									
		1									
		L									

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(A)	(B)			_ (C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per id a di	rson	is bot	h an	compensation	compensatio	n	am	ount c	of
	week	_	CCI all	u a ui	ii ecit	)/ ii us	100)	from	from related			other	
	(list any hours for	director						the	organization			pensat	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizati	
	organizations	truste	al trus		99/	mpen		(** 27 1033 141100)				d relate	
	below	Individual trustee or	Institutional trustee	<u> </u>	mplo	est co oyee	er					ınizatic	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
lb Sub-total							<b></b>	110,850.		0.	•	7,5	73.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	110,850.		0.	•	7,5	13.
Total number of individuals (including bu	t not limited to th	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportab	le			
compensation from the organization											1	Yes	No
Did the organization list any former office	er, director, or tru	uste	e, ke	y en	nplo	yee.	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J fo											3		Х
For any individual listed on line 1a, is the													
and related organizations greater than \$	150,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
Did any person listed on line 1a receive	=				-		elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," cection B. Independent Contractors	omplete Schedul	e J f	or st	ıch p	pers	son .					5		X
Complete this table for your five highest	compensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation f	rom	
the organization. Report compensation t	or the calendar y	ear (	endi	ng w	vith	or w	ithir		year.				
(A) Name and busine	ess address	N	ONE	3				<b>(B)</b> Description of s	ervices	С	(C omper		١
							$\dashv$						
							_						
Total number of independent contractor	s (including but r	not li	mite	d to	tho	مو اند	sten	d above) who received m	ore than				
\$100,000 of compensation from the organic		.0111		J 10		0		a abovo, who received if	traii				
											Form 9	200 (0	

		Check if Schedule O contains a response or note to a	nv line in this Part VIII			
		Check if Schedule O contains a response or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Service Contributions, Gifts, Grants and Other Similar Amounts	2 a	b	<b>▶</b> 1,138,285.			
Program Service Revenue	6	d e All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	► 102. ►			102.
	6 a	(i) Real (ii) Person				
	7 a	d Net rental income or (loss)  a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
ər	c	c Gain or (loss)  d Net gain or (loss)  a Gross income from fundraising events (not	<b>&gt;</b>			
Other Revenu		including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events	<u> </u>			
	t	a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Net income or (loss) from gaming activities	<u> </u>			
	k	a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory	<b>&gt;</b>			
	c	b	Code			
		d All other revenuee  Total. Add lines 11a-11d  Total revenue. See instructions.	► 1,138,387.	0.	0.	102.

#### 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 respons		•		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	схропосо
•	and domestic governments. See Part IV, line 21	4,000.	4,000.		
2	Grants and other assistance to domestic	-,000	_,		
	individuals. See Part IV, line 22	14,030.	14,030.		
•		14,030.	14,030.		
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,	110 100	50 010	45 000	14 011
	trustees, and key employees	118,423.	59,212.	45,000.	14,211.
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	314,993.	157,496.	119,698.	37,799.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	63,723.	31,861.	24,215.	7,647.
10	Payroll taxes	31,101.	15,551.	11,818.	7,647. 3,732.
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	,	31,857.		28,429.	3 / 28
40	column (A) amount, list line 11g expenses on Sch 0.)	28,093.		20,427.	3,428. 28,093.
12	Advertising and promotion	58,363.	24,228.	30,631.	3,504.
13	Office expenses	20,643.	8,156.	6,775.	5,712.
14	Information technology	20,043.	0,130.	0,773.	3,714.
15	Royalties	4 074	100	2 065	
16	Occupancy	4,074.	109.	3,965.	4.40
17	Travel	45,881.	2,878.	42,555.	448.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 505	2 222		
19	Conferences, conventions, and meetings	18,721.	9,288.	7,136.	2,297.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,595.		1,595.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PUBLICATIONS AND SUBSCR	263.		263.	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	755,760.	326,809.	322,080.	106,871.
26	Joint costs. Complete this line only if the organization		520,000.	,	
20	reported in column (B) joint costs from a combined				
	, , , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

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TRANSLIFELINE

# Form 990 (2017) Part X Balance Sheet

Pari	LA	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			73,672.	1	62,969
	2	Savings and temporary cash investments		141,940.	2	203,091	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L			4,525.	5	5,008
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
13		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	225
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,976.			
	b	Less: accumulated depreciation		2,150.	31,226.	10c	5,826
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			251,363.	16	277,119
	17	Accounts payable and accrued expenses			17	30,881	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
န္	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
ap		Complete Part II of Schedule L				22	
ן ⊏	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	30,881
		Organizations that follow SFAS 117 (ASC 958	), chec	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 and	d 34.				
<u>ا</u> ۾	27	Unrestricted net assets			251,363.	27	246,238
Fund Balances	28	Temporarily restricted net assets				28	
Ĕ	29			<u></u>		29	
בֿ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
188	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Ź	33	Total net assets or fund balances		<b>—</b>	251,363.	33	246,238
	34	Total liabilities and net assets/fund balances			251,363.	34	277,119

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,13			
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			2,6 1,3		
4							
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		-3	4,0	49.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-35	3,7	03.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		24	6,2	38.	
Pa	rt 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: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TRANSLIFELINE 47-2097494 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		11,383.	127,407.	499,503.	1138285.	1776578.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		11,383.	127,407.	499,503.	1138285.	1776578.
	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)						18,484.
6	Public support. Subtract line 5 from line 4.						1758094.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	. ,	11,383.	(c) 2015 127, 407.	499,503.	1138285.	1776578.
	Gross income from interest,		-	-	-		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		22.		3.	102.	127.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on			338.	1,630.		1,968.
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						1778673.
12	Gross receipts from related activities,	etc. (see instructive	ons)			12	
13	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stop	here			•		<b>▶</b> X
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - <b>2017.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2017

### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						<del>                                     </del>
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						<del> </del>
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	•••	( ) 0010	(1) 0044	( ) 0045	( 1) 0040	/ ) 0047	T (0 T )
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6  Gross income from interest,				-		<del>                                     </del>
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here						<b>_</b>
	ction C. Computation of Publ						
15	Public support percentage for 2017 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20							

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** 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** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **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 Part VI.
- c 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

	Yes	No
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2		
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11 Has the organization accepted a gift or contribution from any of the following persons?  a 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 A family member of a person described in (a) above?  c 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.  1 Did the directors, trustees, or membership or one or more supported organizations have the power to regularly apport or elect at least an amprity of the organization set directors or trustees at all times during the tax yea? If "No." describe in Part VI now the supported organizations electors or trustees at all times during the tax year? If "No." describe in Part VI now the supported organizations describe in the supported organization and make controlled for enginetations, describe in Part VI now the supported organizations and what conditions or restrictions. Any applied to such powers during the tax year.  2 Did the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the organization of controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated organization(s) the supported organization supported organization supported organization in supported organization in supported organization in supported organizati	Ра	rt IV   Supporting Organizations <sub>(continued)</sub>			
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b A family member of a person described in (a) above? c A 33% controlled entity of a person described in (a) to (b) above?If "Yes" to a, b, or c, provide detail in Part VI.  1 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 organizations directors or trustees at all times during the tax year? If "We," diseache in Part VI how the supported organization," describe how the powers to appoint and/or remove directors or trustees at all times during the tax year? If "We," describe in Part VI how the supported organization," describe how the powers to appoint and/or remove directors or trustees are all times during the tax year.  1 Did the organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part VI how provinging such benefit cared out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit cared out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit cared out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit cared out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit cared out the purposes of the supported organization? If "Yes," explain in Part VI how control or ramagement 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 directors or trustees during the tax year also a majority of the directors.  3 Ves No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to genitalization as vested in the same persons field controlled or managed the supported organization is powered to genitalization as a supported org	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI. b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		3a		
	h		Ju		
	J		3h		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. 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-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

TRANSLIFELINE 47-2097494

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 
\$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

47-2097494

I ait i	Continuators (see instructions). Ose duplicate copies of Part I if at	dullional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TRANSLIFELINE

47-2097494

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - -   \$	

Name of organization Employer identification number 47-2097494 TRANSLIFELINE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **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 Open to Public Inspection

Name of the organization

TRANSLIFELINE

**Employer identification number** 47-2097494

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		•
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	,	gain, provide
	the following amounts required to be reported under SFAS 1	· ·	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2017

Pai	rt III   Organ	izations Maintaining C	collections of A	rt, Histo	orical Tr	easures,	or Othe	er Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply):											
а	a Public exhibition d Loan or exchange programs											
b	Scholarly research e Other											
С												
4	Provide a descr	ription of the organization's co	ollections and explain	n how the	ey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year	, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er similaı	assets	_	_		_
_		ise funds rather than to be m							L	Yes		No
Pai		w and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	D, Part IV,	line 9, or		
		I an amount on Form 990, Pa										
1a	-	ion an agent, trustee, custod		-						7		7
		art X?								<b>⊻</b> Yes		<b>∐</b> No
b	If "Yes," explair	n the arrangement in Part XIII	and complete the fo	llowing ta	able:							
								-		Amount	<u> </u>	
С.	Beginning balar											
d		g the year										
e		uring the year										
f O-		)						<b>1f</b>				T.N.
	-	ation include an amount on F						•		Yes		∐ No □
Pai		n the arrangement in Part XIII.  VMent Funds. Complete i										
ı uı	Lildov	VIIICITE I UITUS: Complete I	(a) Current year		ior year	(c) Two yea			ears back	(a) Four	Veare	hack
1a	Reginning of ve	ear balance	(a) Current year	(D) F1	ioi yeai	(C) TWO yea	13 Dack	(u) Tillee y	/cars back	(e) i oui	yours	Dack
b												
C		earnings, gains, and losses										
d	Grants or schol											
e		arshipsures for facilities										
ŭ												
f	. •	expenses										
g	End of year bala											
2	•	imated percentage of the cur	rent vear end balanc	e (line 1a	a, column (a	a)) held as:				I		
а		ed or quasi-endowment	<b>,</b>	%	,, (-							
b	Permanent end		%	_								
С	Temporarily res	tricted endowment	<del></del>									
		es on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endo	wment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	ered for tl	he organi:	zation			
	by:										Yes	No
	(i) unrelated o	rganizations								3a(i)		
	(ii) related orga	anizations								3a(ii)		
b	If "Yes" on line	3a(ii), are the related organiza	tions listed as requir	red on Sc	chedule R?					3b		
4		t XIII the intended uses of the		wment fu	unds.							
Pai	rt VI Land,	Buildings, and Equipm	nent.									
	Complet	te if the organization answere	d "Yes" on Form 990	), Part IV,	, line 11a. S	See Form 990	D, Part X,	line 10.				
	Descr	iption of property	(a) Cost or o			or other		ccumulate		(d) Bool	k valu	е
			basis (investr	nent)	basis	(other)	dep	oreciation				
1a												
b												
С		ovements				7 076		0 1	-	-	- ~	26
d						7,976.		2,1	50.		ა, გ	26.
					<b>(5)</b>	(a, )			_	-	<u> </u>	26
Tota	I. Add lines 1a th	rough 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)					ა, გ	26.

Schedule D (Form 99	00) 2017 TRANSLIFEL:	INE		47	-2097494 Page 3
	ments - Other Securities.				
Comple	te if the organization answered "Yes	" on Form 990, Part I\	/, line 11b. See Form 990	, Part X, line 12.	
(a) Description of sec	curity or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivati	ves				
(2) Closely-held equi	ity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	ual Form 990, Part X, col. (B) line 12.)				
	ments - Program Related.				
	te if the organization answered "Yes	" on Form 000 Dort IV	/ line 11e See Form 000	Dort V line 12	
(a) De	scription of investment	(b) Book value			d-of-year market value
	30 ption of investment	(b) Book value	(c) Wethod of	valuation. Cost of Che	or year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ual Form 990, Part X, col. (B) line 13.)				
	Assets.				
Comple	te if the organization answered "Yes		/, line 11d. See Form 990	, Part X, line 15.	<b>"</b> "
	(a	Description			(b) Book value
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ust equal Form 990, Part X, col. (B) lii	ne 15.)		<b>&gt;</b>	
Part X Other	Liabilities.				
Comple	te if the organization answered "Yes	" on Form 990, Part I\	/, line 11e or 11f. See For	m 990, Part X, line 25	i.
1.	(a) Description of liability		(b) Book value		
(1) Federal incor	me taxes				
(2)				1	
(3)				-	
(4)					
				-	
(5)					
(6)					
(7)					
(8)					
(9)		25.			
Total. (Column (b) mu	ust equal Form 990, Part X, col. (B) lii	ne 25.) 🕨			

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	t XI Reconciliation of Revenue per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements _		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	7			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pai	rt XII Reconciliation of Expenses per Audited Financial St		enses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	7			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			
	rt XIII Supplemental Information.	0.)	3	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV lines 1h and 2h	· Part V line 4· Part X line 2· Part XI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		, r are v, iiio 4, r are x, iiio 2, r are xi,	1
	Za ana 15, ana 1 ar 741, into Za ana 15.7166 complete the part to provide c	ary additional information.		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Name of	the organization TRANSLIFE	יד דאדם						Employer identification 47 – 209	
Part I	General Information on Grants a							47-20	7/434
	es the organization maintain records		e amount of the grant	s or assistance the	arantees' eligibilit	v for the grants or ass	sistance and the selec	ction	
	teria used to award the grants or assi								□No
<b>2</b> De	scribe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	d States.				
Part II						anization answered "\	∕es" on Form 990, Par	t IV, line 21, for any	
	recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.				
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
	ter total number of section 501(c)(3) a			L he line 1 table				<b>&gt;</b>	

Schedule I (Form 990) (2017) TRANSLIFELLINE					4/-403/434	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as:	sistance
ASSISTANCE WITH UPDATING IDENTITY DOCUMENTS UNDER						
OUR MICROGRANTS PROGRAM	84	14,030	. 0.			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ne 2; Part III, columr	n (b); and any other a	dditional information.		
PART I, LINE 2:						
THE ORGANIZATION COLLECTS THE FOLI	LOWING IN	FORMATION	FROM INDIV	IDUALS THAT		
IDENTIFY AS TRANS, THAT ARE SEEKIN	NG TO UPD	ATE IDENTI	TY DOCUMEN	TS, AND ARE		
IN A POSITION OF FINANCIAL NEED:	DATE OF	APPLICATIO	ON, - NAME,	PRONOUNS,		
PHONE NUMBER, EMAIL, LANGUAGE THE	WOULD Y	OU LIKE TO	USE WHEN	WORKING WITH		
THE ORGANIZATION, LOCATION, DOCUME	ENTS THEY	NEED HELE	WITH, AND	WHETHER THEY		
HAVE PREVIOUS CRIMINAL RECORD. ON	NCE THIS	INFORMATIO	N IS COLLE	CTED,		
VOLUNTEERS FROM THE ORGANIZATION'S	S MICROGR	ANTS PROGE	RAM CONTACT	THE		

APPLICANTS VIA PHONE OR EMAIL TO VERIFY THEIR IDENTITY AND THEIR LEVEL OF

Part IV Supplemental information
FINANCIAL NEED. BECAUSE WE TRUST OUR APPLICANTS TO DETERMINE THEIR OWN
IDENTITIES AND TO BEST UNDERSTAND THEIR UNIQUE FINANCIAL SITUATION, THE
VERIFICATION PROCESS IS A CONVERSATION THAT TAKES INTO ACCOUNT THE VARIOUS
INTERSECTIONS OF THE APPLICANTS' LIFE CIRCUMSTANCES. ONCE THE APPLICANTS'
NEEDS ARE ASSESSED A SUPERVISING STAFF MEMBER WILL REVIEW THE CASE AND THEN
DISBURSE THE INDIVIDUAL GRANT. DUE TO THE SMALL AMOUNT OF FUNDS DISBURSED
TO EACH INDIVIDUAL RECIPIENT AND THE DESIRE TO AVOID ADDING BARRIERS TO
VULNERABLE INDIVIDUALS ALREADY FACING SIGNIFICANT CHALLENGES IN ACCESSING
SERVICES, WE DO NOT SUBJECT GRANT RECIPIENTS TO ANY REPORTING REQUIREMENTS.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

TRANSLIFELINE

Employer identification number 47-2097494

Part I	Excess Be	nefit Tran	sacti	ons (section	n 501(c)(	3), sect	tion 50	1(c)(4), and 50	01(c)(29) or	ganizatio	ns only	/).				
	Complete if th	ne organizatio	n answ	vered "Yes"	on Form	990, Pa	art IV, I	ine 25a or 25l	o, or Form 9	990-EZ, F	art V,	line 40	Db.			
1 (a) N	ame of disqualifie	d person	( <b>b)</b> R	elationship b person and			lified	(0	c) Description	on of trar	nsactio	n				cted?
	GUSTAVA	•	다. 다. 다. 다.	-	-		D I	OHTUANU	-				TOTA		es	No X
	CHAUBAL							UNAUTHO					TOTA		+	X
MINT	CHAODAL		DIK.	ECTOR (	01 01	אאנה	110	JIMOTIIO	KIUDD	FORC	מאווי	CH	1012	1	-	
															$\neg$	
2 Ente	r the amount of ta	ax incurred by	the o	rganization r	nanager	s or dis	qualifie	d persons du	ring the yea	ar under				•		
sect	ion 4958											<b>&gt;</b> \$				0.
3 Ente	r the amount of ta											▶ \$				0.
		.,, -														
Part II	J															
	Complete if th	-					Z, Part \	/, line 38a or I	Form 990, F	Part IV, lir	ne 26;	or if th	ne orgai	nizati	on	
	reported an a				1	oan to or		N Out advant	(0.5.)			. 1	<b>(h)</b> App	roved	<i>(:</i> ) \A	/ritten
	(a) Name of erested person	(b) Relation		(c) Purpos of loan	fro	m the		) Original ipal amount	(f) Balan	ce due		In ault?	by boa commi	rd or	(I) V\	ment?
					To	From	┨ .				Yes	No	Yes	No	Yes	1
GRETA	GUSTAVA	MEXECU	TIV	GENERA:		X		4,525.	4	,525.	X	NO	X	INO	162	X
	GUSTAVA					X		483.		483.	X		<del></del> -	Х		X
										,008.						<u> </u>
Part III	Grants or	Λeeietane	Ron	efiting In	tarast	ad Da	reone	<b>&gt;</b> \$	5	,000.						
I alt III				•												
(2)	Complete if the Name of interested							Amount of		(d) Type	of		(0)	Durn	ose o	
(a)	Name of intereste	eu person	'	<ul><li>b) Relationsl interested p</li></ul>				assistance		assistan			٠,	ssista		'
				the orga		-										

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

#### Part IV Business Transactions Involving Interested Persons.

	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.				
(2	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
					Yes	No	
Part V	Supplemental Information						
	Provide additional information for response	onses to questions on Schedule L (see	instructions).				

### SCHEDULE L, PART I, EXCESS BENEFIT TRANSACTIONS:

- (A) NAME OF PERSON: GRETA GUSTAVA MARTELA
- (C) DESCRIPTION OF TRANSACTION: UNAUTHORIZED PURCHASES TOTALING \$345,118

  (NET OF ANY AMOUNTS RECOVERED) WERE MADE BY GRETA AND NINA COLLECTIVELY.

  THE ACTUAL AMOUNT OF INAPPROPRIATELY DIVERTED FUNDS USED FOR THE

  DISQUALIFIED PERSONS' PERSONAL BENEFIT AND NOT FOR AUTHORIZED

  ORGANIZATIONAL EXPENDITURES IN FURTHERANCE OF THE ORGANIZATION'S MISSION

  IS STILL BEING RECONCILED WITH SUCH INDIVIDUALS, BUT TRANS LIFELINE HAS

  INCLUDED ITS BEST ESTIMATE IN SCHEDULE L THE AMOUNT IT HAS DETERMINED TO

  HAVE BEEN INAPPROPRIATELY DIVERTED AFTER CONSULTATION WITH ITS ACCOUNTANTS

  AND ATTORNEYS.
- (A) NAME OF PERSON: NINA CHAUBAL
- (B) RELATIONSHIP WITH DISQUALIFIED PERSON: DIRECTOR OF OPERATIONS
- (C) DESCRIPTION OF TRANSACTION: UNAUTHORIZED PURCHASES TOTALING \$345,118

  (NET OF ANY AMOUNTS RECOVERED) WERE MADE BY GRETA AND NINA COLLECTIVELY.

THE ACTUAL AMOUNT OF INAPPROPRIATELY DIVERTED FUNDS USED FOR THE

DISQUALIFIED PERSONS' PERSONAL BENEFIT AND NOT FOR AUTHORIZED

ORGANIZATIONAL EXPENDITURES IN FURTHERANCE OF THE ORGANIZATION'S MISSION

IS STILL BEING RECONCILED WITH SUCH INDIVIDUALS, BUT TRANS LIFELINE HAS

Schedule L (Form 990 or 990-EZ) 2017

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
INCLUDED ITS BEST ESTIMATE IN SCHEDULE L THE AMOUNT IT HAS DETERMINED TO
HAVE BEEN INAPPROPRIATELY DIVERTED AFTER CONSULTATION WITH ITS ACCOUNTANTS
AND ATTORNEYS.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: GRETA GUSTAVA MARTELA
(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR
(C) PURPOSE OF LOAN: GENERAL ASSISTANCE
(A) NAME OF PERSON: GRETA GUSTAVA MARTELA AND NINA CHAUBAL
(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR AND DIRECTOR OF
OPERATIONS
(C) PURPOSE OF LOAN: GENERAL ASSISTANCE

2017.05030 TRANSLIFELINE

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

TRANSLIFELINE

Employer identification number 47-2097494

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIVES BY RESPONDING TO THE CRITICAL NEEDS OF OUR COMMUNITY WITH DIRECT

SERVICE, MATERIAL SUPPORT, ADVOCACY, AND EDUCATION. OUR VISION IS TO

FIGHT THE EPIDEMIC OF TRANS SUICIDE AND IMPROVE OVERALL LIFE-OUTCOMES

OF TRANS PEOPLE BY FACILITATING JUSTICE-ORIENTED, COLLECTIVE COMMUNITY

AID.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUICIDE AND IMPROVE OVERALL LIFE-OUTCOMES OF TRANS PEOPLE BY

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FACILITATING JUSTICE-ORIENTED, COLLECTIVE COMMUNITY AID.

TRANS LIFELINE RECEIVED \$54,057 IN DONATIONS FROM THE TRANS ASSISTANCE
PROJECT AND USED THOSE FUNDS TO START A NEW MICROGRANTS PROGRAM AS

DESCRIBED ON FORM 990, PART III, LINE 4B. TRANS LIFELINE STAFFED THIS

NEW PROJECT WITH VOLUNTEERS AND BY HIRING THE STAFF OF THE TRANS

ASSISTANCE PROJECT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN INDIVIDUAL GRANTS.

FORM 990, PART VI, SECTION A, LINE 2:

GRETA GUSTAVA MARTELA AND NINA CHAUBAL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 5:

UPON DISCOVERY OF UNAUTHORIZED PURCHASES TOTALING \$353,703 BY TWO OFFICERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization TRANSLIFELINE

Employer identification number 47-2097494

OF THE ORGANIZATION THAT OCCURRED IN 2017, ON OR AROUND JANUARY 21, 2018, TRANS LIFELINE REMOVED THESE OFFICERS FROM HAVING ACCESS TO THE ORGANIZATION'S BANK ACCOUNTS AND ASSETS AND TERMINATED THEIR EMPLOYMENT AND THEIR POSITIONS AS OFFICERS AFTER COMPLETING ITS INITIAL INVESTIGATION OF THE DIVERSION. THE GOVERNING BODY RECOVERED SOME OF THE ORGANIZATION'S ASSETS BUT WAS UNABLE TO RECOVER ALL OF THE DIVERTED FUNDS. ON JUNE 28, 2018, THE ORGANIZATION AND THE TERMINATED OFFICERS HAD A MEDIATION WHERE THE TERMINATED OFFICERS AGREED TO RETURN THE DIVERTED FUNDS OVER A PERIOD IT IS THE ORGANIZATION'S ASSESSMENT THAT OF TIME NOT TO EXCEED TEN YEARS. THE TERMINATED OFFICERS ARE FINANCIALLY UNABLE TO IMMEDIATELY RETURN THE DIVERTED FUNDS; HOWEVER, THE ORGANIZATION BELIEVES THAT ITS BEST CHANCE AT RECOVERING THESE FUNDS WILL BE TO ENFORCE THE AGREEMENT TO RECOUP THE DIVERTED FUNDS OVER THE NEXT TEN YEARS. THE ORGANIZATION BELIEVES THAT OTHER POSSIBLE METHODS OF RECOVERY, INCLUDING THE FILING OF A LAWSUIT, WILL RESULT IN FURTHER EXPENDITURES OF THE ORGANIZATION'S LIMITED FUNDS ALLOCATED FOR CRITICAL CRISIS SERVICE OF ITS TARGET POPULATION, THEREBY NEGATIVELY IMPACTING ITS ABILITY TO CARRY OUT ITS MISSION AND ITS DONORS' INTENT, AND WILL NOT RESULT IN A HIGHER LIKELIHOOD OF RECOVERY OF THE DIVERTED FUNDS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY AND MANAGEMENT BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

2017.05030 TRANSLIFELINE

Name of the organization  TRANSLIFELINE	Employer identification number 47-2097494
BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND	REVIEW ACTUAL
CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM	PARTICIPATING IN
THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE T	RANSACTION.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS FROM UNAUTHORIZED PURCHASES	-353,703.

EXPLANATION OF ANY THEFT, EMBEZZLEMENT, ETC. CA RRF-1 OF CHARITABLE PROPERTY OR FUNDS - PART B, LINE 2

STATEMENT

UPON DISCOVERY OF UNAUTHORIZED PURCHASES TOTALING \$353,703 BY TWO OFFICERS OF THE ORGANIZATION THAT OCCURRED IN 2017, ON OR AROUND JANUARY 21, 2018, TRANS LIFELINE REMOVED THESE OFFICERS FROM HAVING ACCESS TO THE ORGANIZATION'S BANK ACCOUNTS AND ASSETS AND TERMINATED THEIR EMPLOYMENT AND THEIR POSITIONS AS OFFICERS AFTER COMPLETING ITS INITIAL INVESTIGATION OF THE DIVERSION. THE GOVERNING BODY RECOVERED SOME OF THE ORGANIZATION'S ASSETS BUT WAS UNABLE TO RECOVER ALL OF THE DIVERTED FUNDS. ON JUNE 28, 2018, THE ORGANIZATION AND THE TERMINATED OFFICERS HAD A MEDIATION WHERE THE TERMINATED OFFICERS AGREED TO RETURN THE DIVERTED FUNDS OVER A PERIOD OF TIME NOT TO EXCEED TEN YEARS. IT IS THE ORGANIZATION'S ASSESSMENT THAT THE TERMINATED OFFICERS ARE FINANCIALLY UNABLE TO IMMEDIATELY RETURN THE DIVERTED FUNDS; HOWEVER, THE ORGANIZATION BELIEVES THAT ITS BEST CHANCE AT RECOVERING THESE FUNDS WILL BE TO ENFORCE THE AGREEMENT TO RECOUP THE DIVERTED FUNDS OVER THE NEXT TEN YEARS. THE ORGANIZATION BELIEVES THAT OTHER POSSIBLE METHODS OF RECOVERY, INCLUDING THE FILING OF A LAWSUIT, WILL RESULT IN FURTHER EXPENDITURES OF THE ORGANIZATION'S LIMITED FUNDS ALLOCATED FOR CRITICAL CRISIS SERVICE OF ITS TARGET POPULATION, THEREBY NEGATIVELY IMPACTING ITS ABILITY TO CARRY OUT ITS MISSION AND ITS DONORS' INTENT, AND WILL NOT RESULT IN A HIGHER LIKELIHOOD OF RECOVERY OF THE DIVERTED FUNDS.