Form 9	90
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

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.

Open to Public

Dep	artment o mai Rever	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the lat			~	Inspection	
A			ndar year, or tax year beginning , 2017, and e				, 20	
в	-	f applicable:	C Name of organization Christian Legal Society			D Employer	Identification number	
		schange	36-61	01090				
	Name c	-	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Roo		E Telephone number			
	Initial re	-	8001 Braddock Road 30		(703)	642-1070		
		um/terminated	City or town, state or province, country, and ZIP or foreign postal code		_	(1.007		
Ы		ed return	Springfield, VA 22151		6 Gross rec	elpts\$ 1,643,838.		
Н		tion pending		Lut-			bordinates? Ves X No	
	мрриса	uon penaing	David Nammo, 8001 Braddock Rd.St.302, Springfield, VA					
_	Terr	500 A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A	Sol(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 52				ist. (see instructions)	
-	Website	mpt status:				exemption n		
K.			ww.clsnet.org X Corporation ☐ Trust		and a description of the local division of the local division of the local division of the local division of the	-	f legal domicile: VA	
	artl	Summ		ormation;	1901	. In State o		
_					- h	. L.		
0	P •	Differity de	scribe the organization's mission of most significant activities. Se	ee Atta	icnmer			
Ê						**********		
Ĕ	2	Chook th	is box \blacktriangleright if the organization discontinued its operations or dispos	ad of mo				
Ň	3					3		
D	4		of independent voting members of the governing body (Part VI, line Ta)	- • • •		4	20	
8	10 T			•	•••			
Activities & Governance	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)		· · ·	5	15	
ŧ	0		nber of volunteers (estimate if necessary)	<u>e</u>	·	6	300	
<	7a		elated business revenue from Part VIII, column (C), line 12	• • •		7a	0.	
_	b	Net unrel	ated business taxable income from Form 990-T, line 34	· · · ·		7b	0.	
					Prior Ye		Current Year	
9	8		tions and grants (Part VIII, line 1h)	·	1,166		1,361,570.	
Į	9	-	service revenue (Part VIII, line 2g)	·	211	,056.	270,498.	
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	·		0.	0.	
-	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	· —		,412.	11,770.	
_	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,393	,580.	1,643,838.	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	·				
	14		paid to or for members (Part IX, column (A), line 4)					
8	15		other compensation, employee benefits (Part IX, column (A), lines 5–10	» [711	,422.	758,530.	
	16a		mal fundraising fees (Part IX, column (A), line 11e)	· .				
Expenses	b		draising expenses (Part IX, column (D), line 25) 108,733	<u>.</u>	100			
ш	14		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		,250.	628,173.	
	18	•	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· –	1,309	,672.	1,386,703.	
	19	Revenue	less expenses. Subtract line 18 from line 12			,908.	257,135.	
5				Beginn	ing of Cu	rent Year	End of Year	
Net Assets or Fund Balances	20		ets (Part X, line 16)	•	650	,700.	916,536.	
	21		ilities (Part X, line 26)			,498.	79,708.	
			ts or fund balances. Subtract line 21 from line 20		577	,202.	836,828.	
P	art II	Signat	ture Block		_			
Un tru	ider pena e, correc	alties of perju	ry, I declare that I have examined this offum, including accompanying schedules and etc. Declaration of preparer (other than officer) is based on all information of which pre	statements, eparer has a	, and to th ny knowle	e best of my dge.	v knowledge and belief, it is	
-			X L		Το	6/29/20	18	
Sic		Elere	Mura of officer		Dat		1.0	

				•
Here	David Nammo, Executive Type or print name and title	Director/CEO		
Paid Preparer	Print/Type preparer's name Robert J. Morrow, CPA	Preparer's signature	Date 6/29/18	Check X If self-employed P01279326
Use Only	Firm's name ► MORROW, PC Firm's address ► 8665 SUDLEY RD	# 230, MANASSAS, VA 2011		sEN ► 20-4621255 ne no. (571) 331-0348
May the IRS	discuss this return with the preparer		· · · · · · ·	· · · · · X Yes No
For Paperwo	rk Reduction Act Notice, see the separa	ate instructions. BAA	REV 12/05/17 PRO	Form 990 (2017)

Form 99	0 (2017) Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
	See Attachment
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?
	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 \$233,235. including grants of \$0.) (Revenue \$171,343.)
	Center for Law and Religious Freedom:
	See Attached
4b	(Code:) (Expenses \$ 263,987. including grants of \$ 0.) (Revenue \$ 551,895.)
	Conferences:
	To support spiritual formation, discipleship
	and professional development in support of the
	Law Student, Legal Aid and Attorney Ministries.
4c	(Code:) (Expenses \$ 340,855. including grants of \$ 0.) (Revenue \$ 429,975.)
	Attorney Ministries:
	See Attached
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 278,504. including grants of \$ 0.) (Revenue \$ 123,396.) See Statement
4e	Total program service expenses \blacktriangleright 1,176,581.

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Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
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? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \therefore	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	115		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×

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Part	V Checklist of Required Schedules (continued)			
00			Yes	No
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .			×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	23 24a		×
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	×	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33	×	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	<i>Part VI</i> . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37 38	×	×
		00		Ļ

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b	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			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
-	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F -	(FBAR).	F -		••
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>×</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		×
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	90		
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D				
100	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	···u		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	2		
	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 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 19 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		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15a	×	
-	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		×
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?	164		
Secti	on C. Disclosure	16b		
17		⊢ ~ ⊥		
18	List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 s Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section		c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		-,(0)0	(, , , , , , , , , , , , , , , , , , ,
	X Own website X Another's website X Upon request Other (explain in Schedule O)			

- Image: Second statements
 Image: Second state
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► David Nammo, 8001 Braddock Rd. St 302, Springfield, VA 22151 (703)642-1070

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		5			C)			,		,
(A)	(B)	(do n	ot of		ition	thon o		(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per week (list any		1		-	or/trust	,	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard Baker	0.00									
Director		×						0.	0.	0.
(2) Jennifer K. Patrick	0.00									
President-Chairman		×		×				0.	0.	0.
(3)H. Robert Showers	0.00									
Past President		×		×				0.	0.	0.
(4) William D Treeby	0.00									
Director		×						0.	0.	0.
(5) Sally Wagenmaker	0.00	~		×						
President Elect		×		^				0.	0.	0.
(6) Kimberlee Colby Key Employee	40.00				×	×		108,018.	0.	0.
(7) Robert Trierweiler	0.00					~		100,010.	0.	0.
Director	0.00	×						0.	0.	0.
(8) David Nammo	40.00									
Executive Director & CEO	10000	×		×				119,409.	0.	0.
(9) Myron Steeves	0.00									
Director		×						0.	0.	0.
(10)Carl Esbeck	0.00									
Director		×						0.	0.	0.
(11)Charles Oellermann	0.00									
Secretary		×						0.	0.	0.
(12) Jeffrey Fowler	0.00									
Director		×						0.	0.	0.
(13) Anthony Bushnell	0.00									•
Director		×						0.	0.	0.
(14) Richard Campanelli	0.00	x						0.	0.	0
Director								0.	0.	0.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mploy	yees,		Highe	st C	ompensated E	mployees (continu	ied)										
(A) Name and title	(B) Average hours per week (list any	Average down of the second sec				(B) Position (do not check more than of box, unless person is both officer and a director/trust				Average box, un hours per officer			e than on is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	(F) mated ount of ther	
	organizations below dotted line)		Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compo from organ and	ensatio n the nizatior related ization	ר 								
(15) Joshua Grosshans Director	0.00	×					0.	0.			0.								
(16)Stuart Lark Director	0.00	×					0.	0.			0.								
(17)Wallace Larson Director	0.00	×					0.	0.			0.								
(18)Christopher Charles Director	0.00	×					0.	0.			0.								
(19)Michael Hernandez Director	0.00	×					0.	0.			0.								
(20) John Kea, II Director	0.00	×					0.	0.			0.								
(21) Kenneth Starr Director	0.00	×					0.	0.			0.								
(22)																			
(23)																			
(24)																			
(25)																			
1b Sub-total c Total from continuation sheets to Par	•		•••	•	· ·		227,427.	0.			0.								
 d Total (add lines 1b and 1c) 2 Total number of individuals (including b reportable compensation from the orga 						e) w	227,427. ho received m	0 . ore than \$100,000	of		0.								
3 Did the organization list any former of employee on line 1a? If "Yes," complete	officer, direc				key e				3	Yes	No X								
4 For any individual listed on line 1a, is the organization and related organizations	s greater that	an \$1	150,00)0? I	lf "Ye	s,"	complete Sch	edule J for such	1										
 <i>individual</i>	or accrue co	ompe	nsatio	n fro	m any	' un	related organiz	ation or individua	4		×								
Section B. Independent Contractors	, -	- 1-					,												
1 Complete this table for your five highes compensation from the organization. Re year.											ах								
(A) Name and business ad	ddress						(B) Description of s	ervices	(C) Compens	ation									

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

Form 990 (2017)
Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue excluded from tax **(B)** Related or (A) Total revenue exempt function revenue revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 384,393. b Membership dues 1b Fundraising events . . . 1c С Related organizations . . . 1d d Government grants (contributions) е 1e All other contributions, gifts, grants, f and similar amounts not included above 1f 977,177. Noncash contributions included in lines 1a-1f: \$ g Total. Add lines 1a-1f . 1,361,570. h . . Program Service Revenue **Business Code** 900099 2a Conference Registrations 270,498. 270,498. 0. 0. b С d е f All other program service revenue . Total. Add lines 2a-2f . . g ► 270,498. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ► (i) Real (ii) Personal Gross rents . . 6a Less: rental expenses b С Rental income or (loss) Net rental income or (loss) d ► (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory 0. b Less: cost or other basis and sales expenses . 0. 0. С Gain or (loss) . d Net gain or (loss) ► 0. 0. 0. 0. Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 а Less: direct expenses b b С Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 а Less: direct expenses b b Net income or (loss) from gaming activities . ► С 10a Gross sales of inventory, less returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . ► С Miscellaneous Revenue **Business Code** Subtenant Income 900099 11a 2,094. 2,094. 0. 0. Miscellaneous b 900099 9,676. 9,676. 0. Ο. С d All other revenue Total. Add lines 11a-11d . 11,770. е . . ► 12 Total revenue. See instructions. 1,643,838. 282,268. 0. 0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must corr

Section 501(p)(3) and 501(p)(4) organizations must complete all columns. All other arganizations must complete outmol (A). Check If Schedule Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to any line in this Part IX. Image: Contains a response or note to		IX Statement of Functional Expenses				
De not include amounts reported on lines 6b, 7b, 6b, 9b, and 10 of Part VII. Total expension Product Mark Mark Mark Mark Mark Mark Mark Mark	Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	s must complete colu	mn (A).
Bb, Bb, and 10b of Part Will. Page Hence Management area Management area Page Hence 1 Grants and other assistance to domestic oganizations. Comments See Part W. Ine 21 Comments and other assistance to domestic oganizations. Comments and other assistance to domestic oganizations. Comments and other assistance to domestic oganizations. Comments and other assistance to foreign individuals. See Part W. Ine 22 Comments and the assistance to domestic oganizations. 227, 427. 193, 122. 16, 553. 17, 752. 3 Grants and other assistance to domestic oganizations. 227, 427. 193, 122. 16, 553. 17, 752. 4 Berefits and to set on dosquilled persons described in section 4958(c)(39). 7 17, 406. 14, 430. 1, 649. 1, 227. 9 Other assignment St, 904. 46, 346. 5, 295. 4, 263. 11 Fees for services (non-employees): Amaagement fees 60. 60. 60. 61. 67, 561. 53, 920. 44, 233. 14, 245. 3, 888. 12 Advertaing and promotion 54, 949. 44, 257. 2, 073. 4, 249. 17, 393. 14, 079.		Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🗆
and domestic governments. See Part V, line 21	Do no 8b, 9k	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses		Management and	(D) Fundraising expenses
individuals. See Part IV, line 22,	1					
organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16	2					
5 Compensation of current officers, directors, trustees, and key employees 227,427. 193,122. 16,553. 17,752. 6 Compensation not included above, to disqualified persons (as defined under section 4986)((1)) and persons (as defined under section 4986)((3). 10,404. 335,657. 43,865. 30,882. 7 Other salaries and wages 410,404. 335,657. 43,865. 30,882. 8 Pension phan accruta's and contributions (include section 401%) and 403(b) employer contributions) 17,406. 14,430. 1,649. 1,327. 9 Other employee benefits	3	organizations, foreign governments, and foreign				
persons (as defined under section 4958(/t)) and persons described in section 4958(c)(3)(B) 410,404. 335,657. 43,865. 30,882. 7 Other salaries and wages		Compensation of current officers, directors,	227,427.	193,122.	16,553.	17,752.
8 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions) 17, 406. 14,430. 1,649. 1,327. 9 Other employee benefits	6	persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions) 17, 406. 14,430. 1,649. 1,327. 9 Other employee benefits	7	Other salaries and wages	410,404.	335,657.	43,865.	30,882.
section 401(k) and 403(b) employer contributions) 17,406. 14,430. 1,649. 1,327. 9 Other employee benefits	8				, ·	- ,
9 Other employee benefits 55,904. 46,346. 5,295. 4,263. 10 Payroll taxes			17,406.	14,430.	1,649.	1,327.
10 Payroli taxes 47,389. 39,287. 4,489. 3,613. 11 Fees for services (non-employees): 47,389. 39,287. 4,489. 3,613. 11 Fees for services (non-employees): 47,389. 39,287. 4,489. 3,613. 11 Fees for services (non-employees): 47,389. 39,287. 4,489. 3,613. 12 Management 1 -	9	Other employee benefits				
11 Fees for services (non-employees): a Management a a Management a a a b Legal a a a c Accounting a a a d Lobbying a a a e Professional fundrating services. See Part IV, line 17 a a a g Other, If line 11g amount exceeds 10% of line 25, column (A amount, list line 11g expenses on Schedule 0) 58, 566. 40, 098. 4, 223. 14, 245. 13 Office expenses 54, 949. 48, 577. 2, 073. 4, 245. 14 Information technology 13, 862. 11, 679. 1, 088. 1, 095. 16 Occupancy 67, 561. 53, 920. 6, 304. 7, 337. 17 Travel a 49, 339. 41, 078. 4, 363. 3, 898. 18 Payments of filiates a a a a a a a a a a a a a a a a a a						
a Management			1,70031	0372071		0,0101
b Legal						
c Accounting	_	•				
d Lobbying						
e Professional fundraising services. See Part IV, line 17 f Investment management fees	_					
f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatiles 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 608 9,858 844. 20 Interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 21 Interest 22 Depreciation, depletion, and amortization 23 Insurance </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)						
13 Office expenses 54,949. 48,577. 2,073. 4,299. 14 Information technology 13,862. 11,679. 1,088. 1,095. 15 Royalties 67,561. 53,920. 6,304. 7,337. 3,898. 16 Occupancy 67,561. 53,920. 6,304. 7,337. 3,898. 17 Travel 49,339. 41,078. 4,363. 3,898. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 270,598. 263,307. 0. 7,291. 20 Interest 11,608. 9,858. 844. 906. 21 Payments to affiliates 11,608. 9,858. 844. 906. 21 Insurance 11,608. 9,858. 844. 906. 23 Insurance 36,272. 24,553. 3,927. 7,792. 24 Other expenses 12,657. 12,657. 0. 0. 0. 24 Other expenses 25,138. 18,740. 4,547. 1,851. 2,169. 2,182. <	-	Other. (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses 54,949. 48,577. 2,073. 4,299. 14 Information technology 13,862. 11,679. 1,088. 1,095. 15 Royalties 67,561. 53,920. 6,304. 7,337. 3,898. 16 Occupancy 67,561. 53,920. 6,304. 7,337. 3,898. 17 Travel 49,339. 41,078. 4,363. 3,898. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 270,598. 263,307. 0. 7,291. 20 Interest 11,608. 9,858. 844. 906. 21 Payments to affiliates 11,608. 9,858. 844. 906. 21 Insurance 11,608. 9,858. 844. 906. 23 Insurance 36,272. 24,553. 3,927. 7,792. 24 Other expenses 12,657. 12,657. 0. 0. 0. 24 Other expenses 25,138. 18,740. 4,547. 1,851. 2,169. 2,182. <	12	Advertising and promotion	58,566.	40,098.	4,223.	14,245.
14 Information technology 13,862. 11,679. 1,088. 1,095. 15 Royalties 67,561. 53,920. 6,304. 7,337. 16 Occupancy 49,339. 41,078. 4,363. 3,898. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 270,598. 263,307. 0. 7,291. 19 Conferences, conventions, and meetings 270,598. 263,307. 0. 7,291. 20 Interest	13					
15 Royalties						
16 Occupancy 67,561. 53,920. 6,304. 7,337. 17 Travel 49,339. 41,078. 4,363. 3,898. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 1 0. 7,291. 19 Conferences, conventions, and meetings 270,598. 263,307. 0. 7,291. 20 Interest 11,608. 9,858. 844. 906. 21 Payments to affiliates 11,608. 9,858. 844. 906. 23 Insurance 11,608. 9,858. 844. 906. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 36,272. 24,553. 3,927. 7,792. 8 Bank Charges 25,138. 18,740. 4,547. 1,851. c CLRF Advocacy Expenses 27,623. 23,272. 2,169. 2,182. e All other expenses. Add lines 1 through 24e 1,386,703. 1,176,581. 101,389. 108,733. 25						_,
17Travel49,339.41,078.4,363.3,898.18Payments of travel or entertainment expenses for any federal, state, or local public officials270,598.263,307.0.7,291.19Conferences, conventions, and meetings270,598.263,307.0.7,291.20Interest		-	67.561.	53,920,	6.304.	7.337.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 270,598. 263,307. 0. 7,291. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O.) 24 Other expenses. Itemize expenses on Schedule O.) .						
20 Interest		Payments of travel or entertainment expenses	49,339.	41,070.	4,505.	3,090.
22 Depreciation, depletion, and amortization 11,608. 9,858. 844. 906. 23 Insurance			270,598.	263,307.	0.	7,291.
22 Depreciation, depletion, and amortization 11,608. 9,858. 844. 906. 23 Insurance	21	Payments to affiliates				
23 Insurance	22	-	11,608.	9,858.	844.	906.
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)36,272.24,553.3,927.7,792.aOffice Services36,272.24,553.3,927.7,792.bBank Charges25,138.18,740.4,547.1,851.cCLRF Advocacy Expenses12,657.0.0.dCaging & DB Mgmt Support27,623.23,272.2,169.2,182.eAll other expenses25Total functional expenses. Add lines 1 through 24e1,386,703.1,176,581.101,389.108,733.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ⊠ if following SOP 98-2 (ASC 958-720)0.0.0.0.	23	Insurance				
a Office Services 36,272. 24,553. 3,927. 7,792. b Bank Charges 25,138. 18,740. 4,547. 1,851. c CLRF Advocacy Expenses 12,657. 12,657. 0. 0. d Caging & DB Mgmt Support 27,623. 23,272. 2,169. 2,182. e All other expenses	24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
bBank Charges25,138.18,740.4,547.1,851.cCLRF Advocacy Expenses12,657.12,657.0.0.dCaging & DB Mgmt Support27,623.23,272.2,169.2,182.eAll other expenses21,386,703.1,176,581.101,389.108,733.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ X if following SOP 98-2 (ASC 958-720)0.0.0.0.0.	_		26.070	24 552	2 007	7 700
cCLRF Advocacy Expenses12,657.12,657.0.0.dCaging & DB Mgmt Support27,623.23,272.2,169.2,182.eAll other expenses1,386,703.1,176,581.101,389.108,733.25Total functional expenses. Add lines 1 through 24e1,386,703.1,176,581.101,389.108,733.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ 🗙 if following SOP 98-2 (ASC 958-720)0.0.0.0.0.	-					
dCaging & DB Mgmt Support27,623.23,272.2,169.2,182.eAll other expenses1,386,703.1,176,581.101,389.108,733.25Total functional expenses. Add lines 1 through 24e1,386,703.1,176,581.101,389.108,733.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ X if following SOP 98-2 (ASC 958-720)0.0.0.0.						
e All other expenses	_					
25Total functional expenses. Add lines 1 through 24e1,386,703.1,176,581.101,389.108,733.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)X if0.0.0.0.			27,623.	23,2/2.	2,169.	2,182.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720) 0. 0. 0. 0. 0.			1,386,703	1,176,581	101.389.	108.733
		Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► 🔀 if				
		tollowing SOP 98-2 (ASC 958-720)	0.	0.	0.	

Form 990 (2017)

	art X				Page 11
	απλ	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	256,946.	1	393,686.
	2	Savings and temporary cash investments	•	2	·
	3	Pledges and grants receivable, net	325,371.	3	434,037.
	4	Accounts receivable, net	15,244.	4	23,573.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	·	5	
ß	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	2,649.	8	1,766.
	9	Prepaid expenses and deferred charges	16,685.	9	17,139.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 290, 917.	20,0000		
	b	Less: accumulated depreciation 10b 252,720.	25,565.	10c	38,197.
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,240.	15	8,138.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	650,700.	16	916,536.
	17	Accounts payable and accrued expenses	8,425.	17	18,459.
	18	Grants payable		18	- /
	19	Deferred revenue	11,110.	19	9,020.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	53,963.	25	52,229.
	26	Total liabilities. Add lines 17 through 25	73,498.	26	79,708.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	568 , 774.	27	800,236.
Bal	28	Temporarily restricted net assets	8,428.	28	36,592.
p	29	Permanently restricted net assets		29	
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	33	Total net assets or fund balances	577,202.	33	836,828.
-	34	Total liabilities and net assets/fund balances	650,700.	34	916,536.

Form **990** (2017)

Form 99	90 (2017)			Pa	ge 12
Par	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				×
1	Total revenue (must equal Part VIII, column (A), line 12) 1	1	1,6	43,8	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	86 , 7	03.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	57 , 1	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	77,2	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	Э		2,4	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0	8	36,8	28.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🛛 Accrual Other	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explained and the other of the other of the other of the other ot	in in			
-	Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both:	a or			
	Separate basis Consolidated basis Both consolidated and separate basis		0		
b	Were the organization's financial statements audited by an independent accountant?		2b	×	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of separate basis, consolidated basis, or both:	ona			
	•				
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight			
С	of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		
	If the organization changed either its oversight process or selection process during the tax year, expla		20	×	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
ua	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	ou		
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		

Form 990: Return of Organization Exempt from Income Tax Part III: Line 4d (continued) Continuation Statement (Code:) (Expenses \$159,716 including grants of \$0) (Revenue \$56,543) Law Student Ministries: See Attached (Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853) (Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853) Christian Legal Aid Ministries: See Attached	Christian Legal Society	366101090
<pre>(Code:) (Expenses \$159,716 including grants of \$0) (Revenue \$56,543) Law Student Ministries: See Attached (Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853) Christian Legal Aid Ministries:</pre>	Form 990: Return of Organization Exempt from Income Tax	
Law Student Ministries: See Attached (Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853) Christian Legal Aid Ministries:	Part III: Line 4d (continued)	Continuation Statement
See Attached (Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853) Christian Legal Aid Ministries:	(Code:) (Expenses \$159,716 including grants of \$0) (Revenue \$56,543)	
(Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853) Christian Legal Aid Ministries:	Law Student Ministries:	
Christian Legal Aid Ministries:	See Attached	
Christian Legal Aid Ministries:		
	(Code:) (Expenses \$118,788 including grants of \$0) (Revenue \$66,853)	
See Attached	Christian Legal Aid Ministries:	
	See Attached	

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

	States Where Copy of Return is Required	
CO		
КҮ		
MD		
MI		
MN		
NH		
NM		
TN		
VA		
WI		
WV		
HI		
RI		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(E) Total 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.

2017	
Open to Public Inspection	

ame of the organization Employer identification number								
hristian Legal Society 36-6101090								
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 								
4 A medical research organization hospital's name, city, and state	 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: 							
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
 6 A federal, state, or local govern 7 An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				the general public		
8 A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9 An agricultural research organi or university or a non-land-gra university:								
10 An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and uni fter June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exc ble incom i)(2). (Cor	ceptions, le (less se nplete Pa	and (2) no more that action 511 tax) from art III.)	n 33 ¹ /3% of its		
11 An organization organized and		•	-					
12 An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).		
a Dype I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t				
b Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same					
c						ally integrated with,		
d Type III non-functionally integration that is not functionally integration requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	U		
e Check this box if the organ functionally integrated, or T	ization received Type III non-func	a written determination tionally integrated sup	on from th oporting c	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III		
	f Enter the number of supported organizations							
g Provide the following information			1					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
(B)								
(C)								
(D)								

or 8 of Part I or if the sts listed below, p			-
· ·	· ·	,	(A) T-+-!
014 (c) 2015	(d) 2016	(e) 2017	(f) T - + - 1
	(d) 2016	(e) 2017	
			(f) Total
			1
014 (c) 2015	(d) 2016	(e) 2017	(f) Total
		12	
second, third, fourt			
	<u> </u>	· · · · ·	
		14	%
(line 11 column (f))	[15	%
/ line 11, column (f)) 4			
4 he box on line 13, a			
4			
4 he box on line 13, a ported organization box on line 13 or 1		and stop here	. Explain in
4 he po	lid not check a bo	lid not check a box on line 13, 1 mstances" test, check this box a	ipported organization

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.)

Secti	on A. Public Support			-	-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	918,320.	834,443.	929,572.	952.752.	1.089.846.	4,724,933.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	194,427.	195,329.	185,404.	213 360	271 724	1,060,244.
3	Gross receipts from activities that are not an	194,427.	175,525.	105,404.	215,500.	2/1,/24.	1,000,244.
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf						
F	•						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
c		1 112 747	1 020 772	1 114 076	1 166 112	1 261 570	5,785,177.
6 70	Total. Add lines 1 through 5	1,112,/4/.	1,029,772.	1,114,970.	1,100,112.	1,301,370.	5,765,177.
1 a	received from disqualified persons .	02.074	00 075	01 100	72 000	100 011	456 000
		93,274.	90,375.	91,123.	73,800.	108,311.	456,883.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	-						
	Add lines 7a and 7b	93,274.	90,375.	91,123.	73,800.	108,311.	456,883.
8	Public support. (Subtract line 7c from						
Centi	line 6.)						5,328,294.
	on B. Total Support	() 0010	(1) 001 (() 0015	()) 0010	() 0017	(0 T)
	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,112,747.	1,029,772.	1,114,976.	1,166,112.	1,361,570.	5,785,177.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources .						
		4.	0.	0.	0.	0.	4.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
-	•						
	Add lines 10a and 10b	4.	0.	0.	0.	0.	4.
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						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1 110	1 000 776	1 114 085	1 1	1 261	
14	First five years. If the Form 990 is for the	1,112,751.					
14	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppo						
<u>Secu</u> 15	Public support percentage for 2017 (line			3 column (ft)		15	92.1 %
16	Public support percentage for 2017 (inte Public support percentage from 2016 Sc						100 %
	on D. Computation of Investment In						100 %
17	Investment income percentage for 2017		-	v line 13 colu	mn (f))	17	0 %
18	Investment income percentage for 2017	•	.,	•	.,,		0 %
10 19a	33 ¹ / ₃ % support tests – 2017. If the organ						
190	17 is not more than $33^{1}/_{3}$ %, check this box						
L	33 ¹ / ₃ % support tests – 2016. If the organiz	-	-	-		-	
b	line 18 is not more than 33 ¹ / ₃ %, check this						
20			-	-			
20	Private foundation. If the organization d		DOX ON IINE 14	, 19a, or 19D, (ctions ► []

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- 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. Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		

By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

Yes No

Yes No

11a

11b

11c

1

2

1

3

2a

2b

3a

3b

Yes No

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non Eurotionally Integrated 509(a)(2) Supporting Organi	zations (continued)	Page
	Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	s) Supporting Organi	zations (continued)	Current Year
<u>3eci</u> 1	Amounts paid to supported organizations to accomplish	avampt purpasas		Current rear
	Amounts paid to perform activity that directly furthers exe		ortod	
2	organizations, in excess of income from activity	ampt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable 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)			
i	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			
-	Applied to 2017 distributable amount			
c				
5	Remaining underdistributions for years prior to 2017, if			
C	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:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	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, 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.)

SCHI	EDULE C		Politi	cal Ca	mpaigr	n an	d Lo	bbvin	g Acti	vities		1	OMB No.	1545-0047
(Form	990 or 990-EZ)											ł	ଇଲ	17
		For Or	ganization	s Exempt	From Inco	me Ta	x Unde	er section	n 501(c)	and sec	tion 52	7		
	nent of the Treasury Revenue Service	Complete		•	n is describ / <i>Form</i> 990 f				to Form e latest in			-EZ.	-	o Public ection
If the o	organization ans	vered "Yes	," on Form	990, Part I	V, line 3, or	r Form	990-EZ	, Part V,	line 46 (P	olitical C	ampaig	n Activ	vities), then	1
• Se	ection 501(c)(3) or	ganizations:	Complete I	Parts I-A an	d B. Do not	t comp	lete Par	t I-C.						
• Se	ection 501(c) (othe	r than section	on 501(c)(3)) organizatio	ons: Comple	lete Par	ts I-A a	nd C belo	w. Do not	complet	e Part I-I	В.		
	ection 527 organiz		•	3										
	organization ans		-						•					
	ection 501(c)(3) or	-												
	ection 501(c)(3) or	0							,	•			•	
	organization ans see separate inst			990, Part	V, line 5 (P	Proxy T	ax) (se	e separat	e instruc	tions) or	Form 99	90-EZ,	Part V, line	e 35c (Pro
	ection 501(c)(4), (5			Complete P	ort III									
	of organization), or (0) orga		Joinpiete i	<u>art III.</u>					Emp	lover id	entific	ation numb	er
	stian Lega	1 Socie	+ 17								5-610			
Part		lete if the		vation is	exempti	under	secti	on 501(c) or is				nization	_
1	Provide a des													
'	definition of "p				uneer and	u mun	ect pt	nitical ca	ampaign	activitie	5 11 6	art iv.		
2	Political campa				instruction	าร)						\$		
3	Volunteer hour													
Part		lete if the												
1	Enter the amo	unt of anv	excise tax	incurred b	ov the oraa	anizati	on und	er sectio	n 4955		. 🕨	\$		
2	Enter the amo	unt of any	excise tax	incurred t	y organiza	ation n	nanage	ers under	r section	4955 .	. 🕨	\$		
3	If the organiza													s 🗌 N
4a	Was a correcti	on made?											. 🗌 Yes	5 🗌 N
b	If "Yes," descr	ibe in Part	IV.											
Part	I-C Comp	lete if the	e organiz	ation is	exempt ı	under	secti	on 501(c), exce	ept sec	tion 50)1(c)(3).	
1	Enter the amo	ount direct	ly expend	ed by the	filing org	ganizat	ion for	section	527 ex	empt fui	nction			
	activities										. 🕨	\$		
2	Enter the amo										ection			
	527 exempt fu										. 🕨	\$		
3	Total exempt										-POL,			
												\$		<u></u>
4	Did the filing o	•												
5	Enter the name													
	organization m													
	the amount of as a separate s													
	as a separates	eyi eyaleu				initiee ((i AO).				ieu, pro		Inormation	IIIFailly

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Ра	art I	I-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ction under
Α	Che	eck 🕨		s to an affiliated group (and list in Part IV each affil hare of excess lobbying expenditures).	liated group membe	er's name,
В	Che	eck 🕨	if the filing organization checked	ed box A and "limited control" provisions apply.		
			-	<i>r</i> ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
•	la	Total lo	obbying expenditures to influence	oublic opinion (grass roots lobbying)	0.	
	b	Total lo	obbying expenditures to influence a	a legislative body (direct lobbying)	0.	
	С	Total lo	obbying expenditures (add lines 1a	and 1b)	0.	
	d	Other e	exempt purpose expenditures	0.		
	е	Total e	exempt purpose expenditures (add	lines 1c and 1d)	0.	
	f	Lobbyi	ng nontaxable amount. Enter th	he amount from the following table in both		
	_	columr	าร.		0.	
		If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$500,000	20% of the amount on line 1e.		
		Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	(Over \$1	7,000,000	\$1,000,000.		
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	0.	
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0.	
			ct line 1f from line 1c. If zero or les		0.	
			e is an amount other than zero on ng section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
с	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

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Schedule C (Form 990 or 990-EZ) 2017

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or se	ction

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

Part III-B	Complete 501(c)(6) a answered	nd if eithe					line 3,	is

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHE (Form	DULE D 990)	Complete if the or	cal Financial Statements ganization answered "Yes" on Form 990 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1),		OMB No. 1545-0047
	ent of the Treasury Revenue Service	• • • • • •	 Attach to Form 990. 1990 for instructions and the latest inform 			Open to Public Inspection
	f the organization	, co to initialization			er ider	tification number
	istian Lega			36-6		
Par		-	vised Funds or Other Similar Fur		Acco	ounts.
	Comple	ete if the organization answered	"Yes" on Form 990, Part IV, line 6.		(h) F.	unde and other appaulate
4	Total number (at and of year	(a) Donor advised funds		(D) FI	unds and other accounts
1 2		at end of year				
3		ue of grants from (during year)				
4		ue at end of year				
5			advisors in writing that the assets h			
	funds are the o	organization's property, subject to th	e organization's exclusive legal contro	ol?	•	· · · 🗌 Yes 🗌 No
6			and donor advisors in writing that gra			
		able purposes and not for the bene ermissible private benefit?	fit of the donor or donor advisor, or f	-	other	
Par		rvation Easements.	· · · · · · · · · · · · · · ·		•	· · · L Yes L No
i ai			"Yes" on Form 990, Part IV, line 7.			
1		conservation easements held by the				
	Preservatio	on of land for public use (e.g., recrea	tion or education) Preservation of	f a histo	oricall	y important land area
		of natural habitat	Preservation of the second	f a certi	fied h	istoric structure
-		on of open space				<i>.</i>
2		s 2a through 2d if the organization he he last day of the tax year.	eld a qualified conservation contribution	on in the	e forn	h of a conservation Held at the End of the Tax Year
а		· · · ·			2a	
b			ts		2b	
c	-	-	nistoric structure included in (a)	+	2c	
d	Number of co	onservation easements included in	(c) acquired after 7/25/06, and not	+	2d	
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or ter	minated	l by th	ne organization during the
4 5	Does the orga	tes where property subject to conse anization have a written policy re- enforcement of the conservation ea	garding the periodic monitoring, ins	-	n, har	ndling of · · · D Yes D No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ation e	
7	Amount of expe	enses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conserv	ation/	easements during the year
8			2(d) above satisfy the requirements o			
9	balance sheet,		conservation easements in its revenue of the footnote to the organization's fir ents			
Part	-		s of Art, Historical Treasures, or	^r Other	[,] Sim	ilar Assets.
			"Yes" on Form 990, Part IV, line 8.			
1a	works of art, I	historical treasures, or other similar	AS 116 (ASC 958), not to report in its r assets held for public exhibition, ec cootnote to its financial statements that	ducatio	n, or	research in furtherance of
b	works of art, I		FAS 116 (ASC 958), to report in its r assets held for public exhibition, ea ing to these items:			
2	(i) Revenue in (ii) Assets inclu If the organiza	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X	, historical treasures, or other simila FAS 116 (ASC 958) relating to these i	r assets	.)	▶ \$
a b	Revenue inclue	ded on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		.)	► \$ ► \$

 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asses 3 Using the organization's acquisition, accession, and other records, check any of the following that are a sign collection items (check all that apply): a □ Public exhibition d □ Loan or exchange programs b □ Scholarly research e □ Other	ot purpose in Part
 collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exemp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	ot purpose in Part
 b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exemp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	ot purpose in Part
 b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exemp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	ot purpose in Part
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exemp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	ot purpose in Part
 4 Provide a description of the organization's collections and explain how they further the organization's exemp XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	🗌 Yes 🗌 No
	🗌 Yes 🗌 No
	ount on Form
Part IV Escrow and Custodial Arrangements.	ount on Form
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amo 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	🗌 Yes 🗌 No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amo	ount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back	(e) Four years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ►%	
b Permanent endowment ▶%	
c Temporarily restricted endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	Yes No
(i) unrelated organizations	3a(i)
(ii) related organizations	3a(ii)
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, P	'art X, line 10.
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation	(d) Book value
1a Land	
b Buildings	
c Leasehold improvements	713.
d Equipment	13,041.
e Other	24,443.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	38,197.

Schedule D (Form 990) 2017 Page 3 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll 31,969. (3)Credit Card Payable 0. (4) Deferred Rent Discount 6,365. ⁽⁵⁾Current portion of Debt 4,147. (6)Long Term Debt 9,748. (7)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 52,229.

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(8) (9)

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

Schedu	e D (Form 990) 2017				Page 4
Part				Returi	า.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,650,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	6,300.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	6,300.
3	Subtract line 2e from line 1	· · ·		3	1,643,838.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		_	
_c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,643,838.
Part				er Reti	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,390,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		6 200		
a	Donated services and use of facilities	2a	6,300.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		0.	C 200
e	Add lines 2a through 2d			2e	6,300.
3	Subtract line 2e from line 1	· · ·		3	1,384,212.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0 401		
b	Other (Describe in Part XIII.)	4b	2,491.	4.0	2 401
с 5	Add lines 4a and 4b			4c 5	2,491.
Part		<i>ie 10.)</i> .		5	1,300,703.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 1. Part	IV lines 1b and 2b	· Part \	/ line /l· Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	Statement		ao any adamona m	lonnati	
see	Statement				

Christian Legal Society		366101090				
Schedule D: Supplemental Financial Statements						
Part XIII: Supplemental Ir	Continuation Statement					

SCF	IEDU	LE L	
/ -	~~~	~~~	-

(Form 990 or 990-EZ) Department of the Treasury

Transactions With Interested Persons

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
2017
Open To Public Inspection

Internal Revenue Service Name of the organization

3

Part III

	Employer identification number

Chri	stian Legal Society		366101090		
Part		ons (section 501(c)(3), section 501(c)(4), a n answered "Yes" on Form 990, Part IV, li	nd 501(c)(29) organizations only). ine 25a or 25b, or Form 990-EZ, Part V, line	e 40b.	
1	(a) Name of disgualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?	
-		organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					

(6)				
2	Enter the amount of tax incurre	ed by the organization	n managers or disqualified persons during the year	
	under section 4958		· · · · · · · · · · · · · · · · • • • •	

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		in to or the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?		ard or	(i) Wi agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		•				

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2017

REV 11/13/17 PRO

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
(1) H Robert Showers	President	5217.	Fees for Services		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Christian Legal Society

Pt XI: Book to Tax Difference in Depreciation.

Employer identification number

36-6101090	
30-0101030	

Pt VI, Line 11b: The form is prepared by a licensed CPA and reviewed by the
CFO, CEO and President as well as the Board's Audit committee. Once approved
by those, the CFO sends the Form 990 to each board member with opportunity to
review and comment in advance of filing.
Pt VI, Line 12c: CLS has written Conflict of Interest Policy that is provided
to each officer, director, and all employees when an individual joins the Board
of Directors or an employee is hired. All individuals are reminded of this policy
periodically during Board Meetings or staff meetings. Officers and Directors
are required to review and sign their acknowledgement of the conflict of interest
Pt VI, Line 15a: The Board of Directors determines the compensation of the Executive
Director/CEO after independently researching comparable compensation packages
for similar organizations. The Executive Committee, APF Committee, and Search
Committee (when applicable) present the recommendation to the Board of Directors.
Pt VI, Line 15b: The Executive Director/CEO is responsible for recommending
compensation for CLS staff. Staff salaries are presented to the APF Committee
during the annual budget process for approval. The APF Committee presents the
recommended budget including staff salaries to the Board of Directors for approval
annually.

SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Christian Legal Society

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Association of Faith Based Organizations 36-6101090					
8001 Braddock Avenue Springfield VA 22151	See attached.	VA			N/A
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	g) 512(b)(13) rolled tity?
						Yes	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

OMB No. 1545-0047

Open to Public

Inspection

17

20

Employer identification number

36-6101090

(a) Name, address, and EIN of related organization	ess, and EIN of Primary activity Legal		entity income (related, unrelated, excluded from tax under		rolling Predominant income (related, unrelated, excluded from tax under				(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	aging	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	i) 512(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Page **2**

Part	V Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line 3	4, 35b, or 36.			
Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				`	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Part	s II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
C	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
e	Loans or loan guarantees by related organization(s)				1e		
Ũ							
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
9 h	Purchase of assets from related organization(s)				1h		
	Exchange of assets with related organization(s)				1i		
:	Lease of facilities, equipment, or other assets to related organization(s)				1j		
1					·)		
Ŀ	Lagas of facilities, equipment, or other seconds from related ergenization(a)				412		
ĸ	Lease of facilities, equipment, or other assets from related organization(s)				1k		
1	Performance of services or membership or fundraising solicitations for related organization(s				11		
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10	_	
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q	_	
r	Other transfer of cash or property to related organization(s)			t t t t t t t t t t t t t t t t t t t	1r		
S	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incl	uding covered relatior	ships and transactio	on thre	shold	ls.
	(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determining	amount	t involv	/ed
(1)							
(2)							
(3)							
(4)							
(5)				ļ			
(6)							
BAA	REV 11/13/17 PRO			Schedule R	R (Form	990)	2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all p sec 501(tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	n) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(Gene mana part	ral or Iging	(k) Percentag ownership
			from tax under sections 512–514)	Yes	No			Yes	No		Yes	No	
								+					

Schedule R (F	Schedule R (Form 990) 2017 Page							
	Supplemental Information.							
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.							

Christian Leg	gal Society
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Form 990 p 2: Line 4a Description-2

Center for Law and Religious Freedom: As the country's oldest Christian advocacy ministry for religious liberty, CLRF has initiated law suits, filed amicus briefs, argued cases, and worked with Congress to defend our Constitution's inalienable protection of religious freedom and the sanctity of human life.

Form 990 p 2: Describc-2

Attorney Ministries: CLS attorney chapters and individual members throughout the country are engaged in a wide range of ministries and activities, including Christian fellowship and spiritual development, discipleship, law student mentoring, contributions to The Christian Lawyer magazine, legal referrals, Christian conciliation, volunteer legal service on behalf of the poor and needy, and engagement with the legal community in their respective communities.

Form 990 p 2: Line 2-1_____

Law Student Ministries: CLS helps students in law schools across the country integrate their Christian faith with the study and eventual practice of law. Our Law Student Ministries engages CLS and other Christian groups on law school campuses, resourcing them with Bible studies, one-on-one mentoring, student-focused conferences, a Journal of Christian Legal Thought, and faith-based curriculum services.

 Form 990 p 2: Line 2-2

Legal Aid Ministries: CLS trains, coordinates, networks, resources, and assists lawyers, churches, missions, ministries, and laypeople to engage in Christian legal aid in their communities, making sure the poor and needy have access to justice. Christian Legal Aid helps the disadvantaged untangle legal issues, seek Christian guidance for personal problems, and understand their rights under the law.

Schedule R: Primary Activity-1

Defending religious freedom of faith based organizations and other charitable purposes.