Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Internal Revenue Service Solution Solut														
A		ne 2018 caler	, 20											
B	Check	if applicable:	C Name of organization Christian Legal Society			D Employ	er identification number							
	Addres	ss change	Doing business as			36-61	L01090							
	Name o	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone number								
	Initial re	eturn		302		(703) 642-1070								
	Final ret	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code											
	Amend	led return	Springfield, VA 22151			G Gross re	ceipts\$ 2,380,454.							
	Applica	ation pending	F Name and address of principal officer:	н			subordinates? Yes X No							
			(b) Are all s	ubordinates	s included? Yes No									
1		empt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or	527			list. (see instructions)							
7	Websit		ww.clsnet.org	Н	(c) Group	exemption	number 🕨							
				of formation:	1961	M State	of legal domicile: VA							
P	art I	Summa												
	1	Briefly des	scribe the organization's mission or most significant activities:	See Att	achmen	nt								
Activities & Governance														
rna														
Incol	2	and the organization disposed of more main 2070 of its her assets.												
Ö	3													
SS SS	4	Number o	4	17										
ritie	5	I otal num	ber of individuals employed in calendar year 2018 (Part V, line 2)			5	14							
ctiv	6		ber of volunteers (estimate if necessary)	• • •		6	300							
۹	7a	lotal unre	lated business revenue from Part VIII, column (C), line 12	• • •		7a	0.							
	b	Net unrela	ted business taxable income from Form 990-T, line 38	· · ·		7b	0.							
		0			Prior Yea		Current Year							
ne	8	Contributi	ons and grants (Part VIII, line 1h)		1,361		2,129,301.							
Revenue	9		ervice revenue (Part VIII, line 2g)		270	,498.	211,656.							
Re	10 11		t income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.							
	12	Total rave	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			,770.	39,497.							
	13	Grante on	nue-add lines 8 through 11 (must equal Part VIII, column (A), line	12)	1,643	,838.	2,380,454.							
	14	Bonofite n	d similar amounts paid (Part IX, column (A), lines 1–3)	·										
-	15	Salaries of	aid to or for members (Part IX, column (A), line 4)	10			0.0.0							
ISe	16a	Profession	hal fundraising fees (Part IX, column (A), line 11e)	10)	/58	,530.	907,653.							
Expenses	b		raising expenses (Part IX, column (D), line 25) 142, 12											
EX	17	Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	2.	629	,173.	755 047							
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,386		755,047.								
	19		ess expenses. Subtract line 18 from line 12	·		,135.	717,754.							
es					ning of Cur		End of Year							
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)			,536.	1,638,274.							
d Ba	21		ities (Part X, line 26)			,708.	83,105.							
Fund	22		or fund balances. Subtract line 21 from line 20	·		,828.	1,555,169.							
De	art II		Ine Block	·	000	, 520.	1,000,100.							

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

		09	9/26/2019
Sign	Signature of officer	Date	6
Here	David Nammo, Executive Director/CEO		
	Type or print name and title		
Paid	Print/Type preparer's name Preparer's signature	Date (Check X if PTIN
Preparer	Robert J. Morrow, CPA	9/26/19	self-employed P01279326
Use Only	Firm's name MORROW, PC	Firm	s EIN > 20-4621255
	Firm's address ► 8665 SUDLEY RD # 230, MANASSAS, VA 201	10-4588 Phor	ne no. (571)331-0348
May the IRS	discuss this return with the preparer shown above? (see instructions) .		🗙 Yes 🗌 No
For Donomus	sk Deduction Act Nation and the second instructions and		- 000 /0010

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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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?
	prior Form 990 or 990- $\mathbb{E}Z$?
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 \$ 341,062. including grants of \$ 0.) (Revenue \$ 274,308.)
	Center for Law and Religious Freedom:
	See Attached
4b	(Code:) (Expenses \$222,129. including grants of \$0.) (Revenue \$330,489.)
	Conferences:
	To support spiritual formation, discipleship
	and professional development in support of the
	Law Student, Legal Aid and Attorney Ministries.
4c	(Code:) (Expenses \$ 330,008. including grants of \$ 0.) (Revenue \$ 1,240,517.)
40	Attorney Ministries:
	See Attached
4d	Other program services (Describe in Schedule O.)(Expenses \$ 505,216. including grants of \$ 0.) (Revenue \$ 505,263.)See Statement
4e	(Expenses \$ 505,216. including grants of \$ 0.)(Revenue \$ 505,263.) See Statement Total program service expenses ▶ 1,398,415.

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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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part III	19		×
20 a		20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 橫的 2001 (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (19 0 - 2001) (1	21		×

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Part IV Checklist of Required So	chedules (continued)			
			Yes	No
Part IX, column (A), line 2? If "Yes,	than \$5,000 of grants or other assistance to or for domestic individuals on ," complete Schedule I, Parts I and III	22		×
organization's current and forme employees? If "Yes," complete Sc	es" to Part VII, Section A, line 3, 4, or 5 about compensation of the er officers, directors, trustees, key employees, and highest compensated chedule J	23		×
\$100,000 as of the last day of the through 24d and complete Sched		24a		×
• • •	oceeds of tax-exempt bonds beyond a temporary period exception?	24b		
to defease any tax-exempt bonds		24c		
-	behalf of" issuer for bonds outstanding at any time during the year?	24d		
transaction with a disqualified per	501(c)(29) organizations. Did the organization engage in an excess benefit son during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		×
year, and that the transaction has If "Yes," complete Schedule L, Pa	ngaged in an excess benefit transaction with a disqualified person in a prior not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>rt I</i>	25b		×
current or former officers, dire	amount on Part X, line 5, 6, or 22 for receivables from or payables to any ectors, trustees, key employees, highest compensated employees, or <i>mplete Schedule L, Part II</i>	26		×
substantial contributor or employ	grant or other assistance to an officer, director, trustee, key employee, vee thereof, a grant selection committee member, or to a 35% controlled these persons? If "Yes," complete Schedule L, Part III	27		×
	a business transaction with one of the following parties (see Schedule L, efiling thresholds, conditions, and exceptions):			
	or, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	×	
Schedule L, Part IV	br former officer, director, trustee, or key employee? If "Yes," complete	28b		×
was an officer, director, trustee, o	rmer officer, director, trustee, or key employee (or a family member thereof) r direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	×	×
0	than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> attributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
conservation contributions? If "Ye	inate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		××
G	nge, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		^
complete Schedule N, Part II .	f an entity disregarded as separate from the organization under Regulations	32		×
sections 301.7701-2 and 301.770	1-3? If "Yes," complete Schedule R, Part I	33	×	
	ny tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		×
	olled entity within the meaning of section 512(b)(13)?	35a		×
, 3	anization receive any payment from or engage in any transaction with a ng of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
	Did the organization make any transfers to an exempt non-charitable mplete Schedule R, Part V, line 2	36		×
	e than 5% of its activities through an entity that is not a related organization of federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
	hedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	×	
	Other IRS Filings and Tax Compliance			
Check if Schedule O conta	ins a response or note to any line in this Part V		 Vac	
1a Enter the number reported in Box	3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply w	ith backup withholding rules for reportable payments to vendors and nings to prize winners?	1c		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
та	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:	10		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	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			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	015		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
Ŭ	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	struct	ions.						
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X						
Secu	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 <u>1</u> 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.	8								
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 1 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?	7 2		×						
3 4	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? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		××						
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:									
a b	The governing body? 	8a 8b	×							
9										
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	×						
			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 b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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? <i>If "No," go to line 13</i>	12a 12b	×							
b C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		×							
13 14	Did the organization have a written whistleblower policy?	12c 13 14	× × ×							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	×							
b	Other officers or key employees of the organization	15b	×							
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									
Rect!	organization's exempt status with respect to such arrangements?	16b								
5ecti 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 s									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)	-T (Sec								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.		policy	/, and						

20	State the name, a	ddress,	and telephone	e numb	per of the p	person who possesse	es the	organiza	ation's books and r	ecords 🕨
	David Nammo,	8001	Braddock	Rd.	St 302,	Springfield,	VA	22151	(703)642-107)

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.

					C)					,
(A)	(B)	(d.a. m	at ak		ition	e than c		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		-		-	or/trust	,	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard Baker	0.00									
Director		×						0.	0.	0.
(2) Jennifer K. Patrick	0.00									
Past President		×		×				0.	0.	0.
(3) William D Treeby	0.00									
Director		×						0.	0.	0.
(4)Sally Wagenmaker	0.00									
President & Chair		×		×				0.	0.	0.
(5) Kimberlee Colby	40.00									
Key Employee					×	×		112,373.	0.	0.
(6) David Nammo	40.00									
Executive Director & CEO		×		×				127,122.	0.	0.
(7) Myron Steeves	0.00									
Director		×						0.	0.	0.
(8) Carl Esbeck	0.00	×								0
Director		^						0.	0.	0.
(9) Charles Oellermann President Elect	0.00	×		×				0.	0.	0.
	0.00							0.	0.	0.
(10) Jeffrey Fowler Secretary	0.00	×		×				0.	0.	0.
(11)Richard Campanelli	0.00							0.	0.	0.
Director	0.00	×						0.	0.	0.
(12) Joshua Grosshans	0.00									
Treasurer		×		×				0.	0.	0.
(13)Stuart Lark	0.00									
Director		×						0.	0.	0.
(14)Wallace Larson	0.00									
Director		×						0.	0.	0.

				(C)							
(A)	(B) Position (do not check more than						(D)	(E)		(F)	
Name and title	Average		unless p				Reportable	Reportable	Est	mated	
	hours per		r and a				compensation	compensation from		ount of	
	week (list any hours for	or Inc	lng Of	<u>ک</u>	en	Fo	from the	related organizations		ther ensatio	'n
	related	divio	Institut	Key employee	ghe	Former	organization	(W-2/1099-MISC)		m the	
	organizations	octo	rtior	mp	st c	4	(W-2/1099-MISC)			nizatior	
	below dotted line)	r t	nal t	oye	omp					related nization	
	line)	Individual trustee or director	Utticer Institutional trustee	0	bens				orgai	ΠΖατίθη	5
			ee		Highest compensated employee						
5) Christopher Charles	0.00				<u>a</u>						
Director	0.00	×					0.	0.			0
6) Michael Hernandez	0.00						0.	0.			
Director	+0.00	×					0.				0
							0.	0.			0
7)John Kea, II	0.00	×						0			~
Director		^		_			0.	0.			0
8)Kenneth Starr	0.00										
Director		×					0.	0.			0
9)Lina Hughes	0.00										_
Director		×					0.	0.			0
20)Myron Steeves	0.00										
Director		×					0.	0.			C
1)											
2)											
23)											
24)											
25)											
1b Sub-total							239,495.	0.			0
c Total from continuation sheets to Part	VII. Sectio	n A									
d Total (add lines 1b and 1c)							239,495.	0.			0
2 Total number of individuals (including bu								-	of		
			000 110		2	,			01		
											N
reportable compensation from the organ										Yes	
reportable compensation from the organ		tor c	or trus		kev e	mn	lovee or high	est compensated		Yes	
reportable compensation from the organ3 Did the organization list any former or	fficer, direc					-				Yes	
 3 Did the organization list any former o employee on line 1a? If "Yes," complete 	fficer, direc Schedule J	for su	ich ind	lividi	ual				3	Yes	>
 reportable compensation from the organ Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the 	fficer, direc <i>Schedule J</i> e sum of rej	for su portal	ich ind ble co	<i>lividi</i> npei	<i>ual</i> nsatio	 n a	nd other comp	ensation from the	3	Yes	>
 reportable compensation from the organ Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the organization and related organizations 	fficer, direc <i>Schedule J</i> e sum of rej	for su portal	ich ind ble co	<i>lividi</i> npei	<i>ual</i> nsatio	 n a	nd other comp	ensation from the	3	Yes	
 reportable compensation from the organ Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	fficer, direc Schedule J e sum of rej greater tha	for su portal an \$1 	uch ind ble col 50,00	npei 0? I	ual nsatio f "Yes	 n a s, "	nd other comp complete Sch	ensation from the edule J for such	3	Yes	
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 reportable compensation from the organ Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	fficer, direc Schedule J e sum of rej greater tha or accrue co	for su portal an \$1 ompei	uch ind ple con 50,00 nsation	npei npei 0? 1	ual nsatio f "Yes m any	n a s, " 	nd other comp complete Sch	ensation from the edule J for such	3	Yes	
 reportable compensation from the organ Did the organization list any former or employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations individual	fficer, direc Schedule J e sum of rej greater tha or accrue co ? If "Yes," c	for su portal an \$1 complet complet	ich ind ble con 50,00 nsation ete Sc	nper 0? 1 n from hedu	ual nsatio f "Yes m any ule J fe	n a s," un or s	nd other comp complete Sch related organiz such person	ensation from the edule J for such ation or individual	3 4 5		;
 reportable compensation from the organ Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	fficer, direc Schedule J e sum of rej greater tha or accrue co ? If "Yes," c compensate	for su portal an \$1 pomper comple comple	uch ind ble col 50,00 nsation ete Sc	nper 0? / n from hedu	ual nsatio f "Yes m any ule J fo contra	n a s, " un or s	nd other comp complete Sch related organiz such person	ensation from the edule J for such ation or individual	3 4 5 0,000 of		;
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 reportable compensation from the organ 3 Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> 4 For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	fficer, direc Schedule J e sum of rej greater that or accrue co ? If "Yes," co compensate port compe	for su portal an \$1 pomper comple comple	uch ind ble col 50,00 nsation ete Sc	nper 0? / n from hedu	ual nsatio f "Yes m any ule J fo contra	n a s, " un or s	nd other comp complete Sch related organiz such person ors that receive year ending wit	eensation from the edule J for such ation or individual ed more than \$100 h or within the org	3 4 5 0,000 of anizatio	on's ta	;
 reportable compensation from the organ Did the organization list any former or employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	fficer, direc Schedule J e sum of rej greater that or accrue co ? If "Yes," co compensate port compe	for su portal an \$1 pomper comple comple	uch ind ble col 50,00 nsation ete Sc	nper 0? / n from hedu	ual nsatio f "Yes m any ule J fo contra	n a s, " un or s	nd other comp complete Sch related organiz such person ors that receive year ending wit	eensation from the edule J for such ation or individual ed more than \$100 h or within the org	3 4 5 0,000 of anizatio	on's ta	:

2	Total number	of	independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	received more	tha	n \$100,000 of	compensatio	on from the	orga	aniza	tion 🕨					

Form 990 (2018)
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 revenue under sections 512–514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 379,567. b Membership dues . . . 1b Fundraising events . . . 1c С **d** Related organizations . . . 1d Government grants (contributions) е 1e All other contributions, gifts, grants, f and similar amounts not included above 1,749,734. 1f Noncash contributions included in lines 1a-1f: \$ 674 g Total. Add lines 1a-1f . 2,129,301. h Program Service Revenue **Business Code** 900099 2a Conference Registrations 211,656. 211,656. 0. Ο. b С d е f All other program service revenue . Total. Add lines 2a-2f . . g 211,656. 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 Rental income or (loss) С Net rental income or (loss) d . . . (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 0. Less: cost or other basis b and sales expenses . 0. С Gain or (loss) . 0. 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 Net income or (loss) from fundraising events С 9a Gross income from gaming activities. See Part IV, line 19 а b Less: direct expenses b Net income or (loss) from gaming activities . . С Gross sales of inventory, less 10a returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . . С Miscellaneous Revenue **Business Code** 11a Subtenant Income 900099 0. 3,180. 3,180. 0. Miscellaneous b 900099 36,317. 36,317. 0. Ο. С d All other revenue Total. Add lines 11a-11d . 39,497. е Total revenue. See instructions 12 2,380,454. 251,153. 0. 0.

6 Compensation not included above, to disqualified persons described in section 4958(c)(3)(B)		90 (2018)				Page 10
Check if Schedule O contains a response or note to any line in this Part IX			alata all achumana A	II athan annsaisatian		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 106 of Part VII. Dotal excession (marked of Part VII. Dotal excession (marked of Part VII. Dotal excession (marked of Part VII. Dotal (marked of Part VII. <thdotal (marked of Part VII. Dotal (</thdotal 	Sectio					
Bit of DD OF PATINIC expenses expenses expenses 1 Grants and other assistance to domestic individuals. See Patt V, line 21.		t include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
and dometic governments. See Part IV, line 21 2 Grants and other assistance to domesition foreign individuals. See Part IV, line 22 3 Grants and other assistance to domesition foreign individuals. See Part IV, line 22 4 Berefits paid to or formembers 5 Compensation of current officers, furetors, trustees, and key employees 7 Other salies and vages 8 Pension glan accurate and contributions (include section 4958(ir)) and estimates and vages 9 Other analysis and vages 9 Other analysis and vages 10 Advertising and vages 10 Advertising and vages 10 Advertising and promotion 11 Fees for services (non-employees) 12 Advertising and promotion 14 Lobbying 14 Lobbying 1	8b, 9k	-	rotai expenses	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 unrunt officers, directors, trustees, and key employees 239,495. 201,558. 17,536. 20,401. 6 Compensation not included above, to disqualified persons (as defined under section 4958)(4)(1) and persons (as defined under section 4958)(4)(8). 489,216. 410,023. 54,252. 24,941. 7 Other sataries and wages	3	organizations, foreign governments, and foreign				
persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(3)(8) 489,216. 410,023. 54,252. 24,941. 7 Other salaries and vages		Compensation of current officers, directors,	239,495.	201,558.	17,536.	20,401.
8 Pension plan accruais and contributions (include section 401(k) and 403(k) employee contributions) 20,371. 17,096. 2,007. 1,268. 9 Other employee benefits 	6	persons (as defined under section 4958(f)(1)) and				
section 401(k) and 403(b) employer contributions) 20,371. 17,096. 2,007. 1,268. 9 Other employee benefits	7	Other salaries and wages	489,216.	410,023.	54,252.	24,941.
9 Other employee benefits 104,504. 87,707. 10,295. 6,502. 10 Payroll taxes 54,067. 45,377. 5,326. 3,364. 11 Fees for services (non-employees): 54,067. 45,377. 5,326. 3,364. 11 Legal	8	Pension plan accruals and contributions (include				
10 Payroll taxes 54,067. 45,377. 5,326. 3,364. 11 Fees for services (non-employees):						1,268.
11 Fees for services (non-employees): a Management b a Management b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b <td></td> <td></td> <td></td> <td></td> <td></td> <td>6,502.</td>						6,502.
a Management			54,067.	45,377.	5,326.	3,364.
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 Q) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 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 Payments to filiates 11 Payments to filiates 20 perceiation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Inine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list li						
12 Advertising and promotion 75,409 34,867 0 40,542 13 Office expenses 63,414 50,454 6,537 6,423 14 Information technology 20,620 16,680 1,970 1,970 15 Royalties 68,930 55,144 6,893 6,893 17 Travel 51,433 36,431 8,110 6,892 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 51,433 36,431 8,110 6,892 19 Conferences, conventions, and meetings 354,192 350,139 802 3,251 20 Interest 45 0 45 0 21 Payments to affiliates 12,460 0 0 0 22 Depreciation, depletion, and amortization 12,460 0 0 0 23 Insurance 26,839 20,331 2,361 4,147 34 Other expenses 26,839 20,331 2,361 4,147 35 Grifice Services 26,839 20,331	f	Investment management fees				
13 Office expenses 63,414. 50,454. 6,537. 6,423. 14 Information technology	12		75 /09	31 967	0	40 542
14 Information technology 20,620. 16,680. 1,970. 1,970. 15 Royalties		<u> </u>				
15 Royalties						
16 Occupancy 68,930. 55,144. 6,893. 6,893. 17 Travel 51,433. 36,431. 8,110. 6,893. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 51,433. 36,431. 8,110. 6,893. 19 Conferences, conventions, and meetings 354,192. 350,139. 802. 3,251. 20 Interest 45. 0. 45. 0. 21 Payments to affiliates 12,460. 12,460. 0. 0. 23 Insurance 12,460. 12,460. 0. 0. 24 Other expenses themize expenses on 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.) 26,839. 20,331. 2,361. 4,147. b Bank Charges 16,346. 9,807. 4,904. 1,635. 24 Iother expenses 22,223. 22,223. 0. 0. 35 Trave 2,223. 22,223. 0. 0. 0. 36 CLRF Advocacy Expenses 1,662,700. <t< td=""><td></td><td></td><td>2070201</td><td>10,000.</td><td>1,570.</td><td>1,5700</td></t<>			2070201	10,000.	1,570.	1,5700
17 Travel			68,930.	55,144.	6,893.	6,893.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 354,192. 350,139. 802. 3,251. 20 Interest 45. 0. 45. 0. 21 Payments to affiliates 12,460. 12,460. 0. 0. 22 Depreciation, depletion, and amortization 12,460. 12,460. 0. 0. 23 Insurance - - - - - 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 26,839. 20,331. 2,361. 4,147. 5 Bank Charges 16,346. 9,807. 4,904. 1,635. c CLRF Advocacy Expenses 22,223. 22,223. 0. 0. d Caging & DB Mgmt Support 43,136. 28,118. 1,125. 13,893. e All other expenses. Add lines 1 through 24e 1,662,700. 1,398,415. 122,163. 142,122. 26 Joint costs. Complete this line only if the or						
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d Caging & DB Mgmt Support 43,136. 28,118. 1,125. 13,893. e All other expenses						0.
25Total functional expenses. Add lines 1 through 24e1,662,700.1,398,415.122,163.142,122.26Joint 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 if 75,409.34,867.0.40,542.	d	Caging & DB Mgmt Support			1,125.	13,893.
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)						
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)			1,662,700.	1,398,415.	122,163.	142,122.
following ŠOP 98-2 (ASC 958-720) 75,409. 34,867. 0. 40,542.	26	organization reported in column (B) joint costs from a combined educational campaign and				
		following ŠOP 98-2 (ASC 958-720)	75,409.	34,867.	0.	40,542.

Form 990 (2018)

orm 990 (2 Part X	,			Page 11
TurtA	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	393,686.	1	1,125,001.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	434,037.	3	379,332.
4	Accounts receivable, net	23,573.	4	28,081.
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	
6 v	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	
7 set	Notes and loans receivable, net		7	
Assets 8 2		1,766.	8	1,177.
9	Prepaid expenses and deferred charges	17,139.	9	65,489.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 290,434.			
b		38,197.	10c	31,056.
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	8,138.	15	8,138.
16	Total assets. Add lines 1 through 15 (must equal line 34)	916,536.	16	1,638,274.
17	Accounts payable and accrued expenses	18,459.	17	11,435.
18	Grants payable		18	
19	Deferred revenue	9,020.	19	24,315.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ଷ ୍ଣ 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22 Liabilities	disqualified persons. Complete Part II of Schedule L		22	
20	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	52,229.	25	47,355.
26	Total liabilities. Add lines 17 through 25	79,708.	26	83,105.
Ices	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	800,236.	27	792,905.
m 28	Temporarily restricted net assets	36,592.	28	762,264.
r Fund Balances 88 65 65 70 70 70 70 70 70 70 70 70 70 70 70 70	Permanently restricted net assets		29	
၀ က 30	Capital stock or trust principal, or current funds		30	
30 8 8 8 8 8 8	Paid-in or capital surplus, or land, building, or equipment fund		31	
× 32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or 30 31 33 33 33	Total net assets or fund balances	836,828.	33	1,555,169.
Z 33	Total liabilities and net assets/fund balances	916,536.	34	1,638,274.
104		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2018

2 Ta 3 R 4 N 5 N 6 D 7 In 8 P 9 O	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI otal revenue (must equal Part VIII, column (A), line 12) otal revenue (must equal Part IX, column (A), line 25) otal expenses (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 2 from line 1 let assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) let unrealized gains (losses) on investments onated services and use of facilities ivestment expenses rior period adjustments otal adjustments otal expenses in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7	2,3 1,6 7	80,4 62,7 17,7 36,8	54. 00. 54.
2 Ta 3 R 4 N 5 N 6 D 7 In 8 P 9 O	otal revenue (must equal Part VIII, column (A), line 12)	1 2 3 4 5 6	2,3 1,6 7	80,4 62,7 17,7	54. 00. 54.
2 Ta 3 R 4 N 5 N 6 D 7 In 8 P 9 O	otal expenses (must equal Part IX, column (A), line 25)	2 3 4 5 6	1,6	62,7 17,7	00. 54.
 3 R 4 N 5 N 6 D 7 In 8 P 9 O 	evenue less expenses. Subtract line 2 from line 1 let assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . let unrealized gains (losses) on investments lonated services and use of facilities rior period adjustments 	3 4 5 6	7	17,7	54.
 4 N 5 N 6 D 7 In 8 P 9 O 	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . Net unrealized gains (losses) on investments . . . Nonated services and use of facilities Nvestment expenses rior period adjustments 	4 5 6			
5 N 6 D 7 In 8 P 9 O	let unrealized gains (losses) on investments	5 6	8	36,8	20
6 D 7 In 8 P 9 O	Ponated services and use of facilities	6			20.
7 In 8 P 9 O	ivestment expenses	-			
8 P 9 O	rior period adjustments	7			
9 O		-			
	other changes in net assets or fund balances (explain in Schedule O)	8			
		9		5	87.
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
3	3, column (B))	10	1,5	55,1	69.
Part X	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	ccounting method used to prepare the Form 990: Cash X Accrual Other				
	the organization changed its method of accounting from a prior year or checked "Other," ex chedule O.	plain in			
2a W	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
re	"Yes," check a box below to indicate whether the financial statements for the year were comp eviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	oiled or			
	/ere the organization's financial statements audited by an independent accountant?		2b	x	
	"Yes," check a box below to indicate whether the financial statements for the year were audite	 od on a	20	~	
	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	versight			_
	f the audit, review, or compilation of its financial statements and selection of an independent accou		2c	×	
lf	the organization changed either its oversight process or selection process during the tax year, ex chedule O.				
	s a result of a federal award, was the organization required to undergo an audit or audits as set ne Single Audit Act and OMB Circular A-133?.	forth in	3a		×
b lf re		ergo the			

Form **990** (2018)

Form 990: Return of Organization Exempt from Income Tax	
Torm 550. Retain of organization Exempt from meome rax	
Part III: Line 4d (continued)	Continuation Statement
(Code:) (Expenses \$375,682 including grants of \$0) (Revenue \$372,518)	
Law Student Ministries:	
See Attached	
(Code:) (Expenses \$129,534 including grants of \$0) (Revenue \$132,745)	
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	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(D)

(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.

	2	\bigcirc	1	8	
0		n to spe			lic

N

Name	of the organization					Employer identification	number
	stian Legal Society					36-6101090	
Par		- ,	-			,	ns.
The c	rganization is not a private found				•	,	
1	A church, convention of church						
2	A school described in sectior						
3 4	A hospital or a cooperative ho						iii) Enter the
-	hospital's name, city, and stat	•					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local gover	. ,	mental unit described	in sectio	on 170(b)	(1)(Δ)(v)	
7	\square An organization that normally	•					the general public
	described in section 170(b)(1				<u>9</u>		general beauti
8	A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ				erated in	conjunction with a la	and-grant college
	or university or a non-land-gra university:	ant college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally	receives: (1) mor	e than 331/3% of its su	upport fro	om contril	outions, membership	o fees, and gross
	receipts from activities related support from gross investmer	it income and un	related business taxal	ole incom	eptions, ne (less se	ection 511 tax) from	businesses
	acquired by the organization a	after June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	
11	An organization organized and						
12	An organization organized and						
	of one or more publicly supp Check the box in lines 12a thre						
		•	••••••		•	•	· · · ·
а	Type I. A supporting organization						
	supporting organization.						
b	Type II. A supporting orga	-	-			upported organizatio	on(s), by having
	control or management of						
	organization(s). You must	complete Part I	V, Sections A and C.				
С	Type III functionally integration						ally integrated with,
	its supported organization		· ·		-		
d	Type III non-functionally						
	that is not functionally inte requirement (see instruction						d an attentiveness
•			•		-		U. T
е	Check this box if the orgation functionally integrated, or						е п, туре п
f	Enter the number of supported						
g	Provide the following information	•					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
							inicia de liente)
				Yes	No		
(A)							
(B)							
(C)							

Schedu	ıle A (Form 990 or 990-EZ) 2018						Daga 2
Part		ations Descr	ribed in Sect	ions 170(b)(1	$(\Delta)(iv)$ and \dot{c}	170(b)(1)(A)(v	Page 2
T CIT	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	•
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	•					
Conti	organization, check this box and stop he						🕨 🗋
<u>Sect</u> 14	ion C. Computation of Public Suppor Public support percentage for 2018 (line (-		1 column (f))		14	%
15	Public support percentage for 2018 (inter Public support percentage from 2017 Sci					15	<u> </u>
16a	33 ¹ / ₃ % support test—2018. If the organization qua	zation did not	check the box	k on line 13, ai	nd line 14 is 3	3 ¹ /3% or more,	check this
b	33 ¹ /3% support test-2017. If the organi this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, cl est. The organi	neck this box zation qualifie	and stop here s as a publicly	. Explain in supported
b	10%-facts-and-circumstances test — 24 15 is 10% or more, and if the organization r Explain in Part VI how the organization r supported organization	017. If the org ation meets th neets the "fac	anization did r ne "facts-and-c ts-and-circum	not check a bo circumstances stances" test.	ox on line 13, ⁻ " test, check The organizat	16a, 16b, or 17 this box and s ion qualifies as	a, and line stop here.

Schedule A (Form 990 or 990-EZ) 2018

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

Page 3

(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			<i>*</i> •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	834,443.	929,572.	952,752.	1,089,846.	1,749,734.	5,556,347.
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	195,329.	185,404.	213,360.	271,724.	211,656.	1,077,473.
3	Gross receipts from activities that are not an	-			-		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,029,772.	1,114,976.	1,166,112.	1,361,570.	1,961,390.	6,633,820.
	Amounts included on lines 1, 2, and 3		, ,	//	,,	, ,	
	received from disqualified persons	90,375.	91,123.	73,800.	108,311.	108,350.	471,959.
h	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						
с	Add lines 7a and 7b	90,375.	91,123.	73,800.	108,311.	108,350.	471,959.
8	Public support. (Subtract line 7c from	5075751	5171231	/3/0001	10075111	100,000	1/1/5551
•	line 6.)						6,161,861.
Secti	on B. Total Support						0/101/0011
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						6,633,820.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0.	0.	0.	0.		0.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	0.	0.	0.	0.		0.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
		1,029,772.	1,114,976.	1,166,112.	1,361,570.	1,961,390.	6,633,820.
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	ere					🕨 🗌
Secti	on C. Computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2018 (line						92.89 %
16	Public support percentage from 2017 Sc					16	92.1 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018	•		•	())		0 %
18	Investment income percentage from 201						0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box	-	-	-		-	
b	331/3% support tests-2017. If the organized						
	line 18 is not more than $33^{1/3}$ %, check this	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌
		BE	/ 10/24/18 PRO		Sal	nedule A (Form 99	0 000 57 0010

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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).

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,

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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.

2

1

Yes No

Yes No

2a

2b

3a

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

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

Section A—Adjusted Net Income 1 Net short-term capital gain		(Δ) Prior Voar	(B) Current Year
1 Net short-term capital gain		(A) Prior Year	(optional)
	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) 2018

Part	e A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509(a)(3	N Supporting Organi	zations (continued)	Page /
		b) Supporting Organi		
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
3				
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	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

			Political Campaign a	al Campaign and Lobbying Activities								
(Form	990 or 990-EZ)	Eor Or	ganizations Exempt From Income	Tax Under section	501(c) and	l section 527	2018					
Departm	nent of the Treasury		ete if the organization is described b			or Form 990-EZ	Open to Public					
	Revenue Service		► Go to www.irs.gov/Form990 for in	nstructions and the	latest inform	nation.	Inspection					
			," on Form 990, Part IV, line 3, or For		ine 46 (Politi	cal Campaign A	ctivities), then					
	()()	0	Complete Parts I-A and B. Do not con	•								
			on 501(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not cor	nplete Part I-B.						
	0		nplete Part I-A only. ," on Form 990, Part IV, line 4, or For	m 000_E7 Part VI	line 47 (Lohl	wing Activities)	then					
	-		that have filed Form 5768 (election unc									
		-	that have NOT filed Form 5768 (electio									
	-		," on Form 990, Part IV, line 5 (Proxy	v Tax) (see separate	e instruction	s) or Form 990- I	Z, Part V, line 35c (Proxy					
	ee separate inst											
	of organization	o), or (6) orga	anizations: Complete Part III.			Employer ident	fication number					
	stian Lega	1 Socie	tv			36-610109						
Part			e organization is exempt und	er section 501(c) or is a s							
1	-		f the organization's direct and in		-		-					
			npaign activities")	-								
2		•	y expenditures (see instructions) .									
3 Dort			cal campaign activities (see instruc		· · · ·							
Part 1	-		e organization is exempt und excise tax incurred by the organiza			▶ \$						
2		,	excise tax incurred by organization									
3			ed a section 4955 tax, did it file For				Yes No					
4a	Was a correcti						. Yes No					
b	If "Yes," descr											
Part	I-C Comp	plete if the	e organization is exempt und	er section 501(c), except	section 501(c)(3).					
1	Enter the amore activities	ount direct	ly expended by the filing organiz	ation for section	527 exemp	ot function ► \$						
2	Enter the amo 527 exempt fu		filing organization's funds contrib	-	anizations t	or section ▶ \$						
3	· · ·	function e	expenditures. Add lines 1 and 2.	Enter here and	on Form	1120-POL,						
4	line 17b	· · · ·	n file Form 1120-POL for this year	· · · · · ·		Þ Þ	. Yes No					
4 5	•	•	ses and employer identification nur									
5	organization m the amount of	nade payme political co	ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from th delivered to	ne filing organiz o a separate po	ation's funds. Also enter litical organization, such					
	(a) Name		(b) Address	(c) EIN	filing or	Int paid from ganization's one, 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)												

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 11/14/18 PRO BAA

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (elec	ction under
Α	Ch	ieck 🕨		s to an affiliated group (and list in Part IV each affi	liated group membe	er's name,
			address, EIN, expenses, and s	hare of excess lobbying expenditures).		
B	Ch	ieck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.		
			Limits on Lobby	ving Expenditures	(a) Filing	(b) Affiliated
			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
•	la	Total lo	obbying expenditures to influence p	oublic opinion (grass roots lobbying)		
	b	Total lo	obbying expenditures to influence a	a legislative body (direct lobbying)		
	С	Total lo	obbying expenditures (add lines 1a	and 1b)		
	d	Other e	exempt purpose expenditures			
	е	Total e	exempt purpose expenditures (add	lines 1c and 1d)		
	f	Lobby	ing nontaxable amount. Enter th	ne amount from the following table in both		
	_	colum	าร.			
	L	If the ar	mount 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)		
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0		
	j		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 N

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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												

REV 11/14/18 PRO

Schedule C (Form 990 or 990-EZ) 2018

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	ı)	(b)	
	iption of the lobbying activity.	Yes	No	Am	ount	
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?		×			
h	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		
				1	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 if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), c	or se	ction	ne 3	₿, is
- 1	Dues assessments and similar amounts from members		- 1			

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?	4	
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.

Pt II-B Line 1: None.

Part IV	Supplemental Information (co	ontinued)

SCHE (Form	DULE D 1 990)	Complete if the or	al Financial Statements ganization answered "Yes" on Form 990 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12),	OMB No. 1545-0047						
	ent of the Treasury Revenue Service	•	Attach to Form 990. 990 for instructions and the latest inform	Open to Public Inspection							
Name o	f the organization			Employer ident	lentification number						
1	istian Lega			36-61010							
Par		•	vised Funds or Other Similar Fun		unts.						
	Comple	ete if the organization answered '	'Yes" on Form 990, Part IV, line 6.								
	-		(a) Donor advised funds	(b) Fur	ids and other accounts						
1		at end of year									
2		ue of contributions to (during year)									
3 4		ue of grants from (during year) . ue at end of year									
5	Did the organi	zation inform all donors and donor	advisors in writing that the assets h								
			e organization's exclusive legal contro								
6			nd donor advisors in writing that grain fit of the donor or donor advisor, or f								
					$\cdot \cdot \square Yes \square No$						
Part		rvation Easements.									
			Yes" on Form 990, Part IV, line 7.								
1		conservation easements held by the									
	Preservatio	on of land for public use (e.g., recreation	tion or education) 🗌 Preservation o	f a historically	important land area						
	Protection	of natural habitat	Preservation or	f a certified his	storic structure						
		on of open space									
2			eld a qualified conservation contribution								
		he last day of the tax year.		F	leld at the End of the Tax Year						
а		of conservation easements		2a							
b			S								
C d			historic structure included in (a) (c) acquired after 7/25/06, and not								
d		ire listed in the National Register		· · 2d							
3		_	sferred, released, extinguished, or terr		e organization during the						
	tax year ►										
4		tes where property subject to conse									
5		anization have a written policy reg enforcement of the conservation ea	garding the periodic monitoring, ins sements it holds?	•	dling of · · Yes No						
6	Staff and volunt	eer hours devoted to monitoring, inspe	cting, handling of violations, and enforcin	g conservation	easements during the year						
7	▶\$		g, handling of violations, and enforcing								
8			2(d) above satisfy the requirements of	•							
9	balance sheet,	S 1	conservation easements in its revenue of the footnote to the organization's fin ents.								
Part		•	s of Art, Historical Treasures, or		ar Assets.						
			'Yes" on Form 990, Part IV, line 8.								
1a	works of art, I	nistorical treasures, or other similar	AS 116 (ASC 958), not to report in its assets held for public exhibition, ec ootnote to its financial statements tha	ducation, or re	esearch in furtherance of						
b	works of art, I public service,	nistorical treasures, or other similar provide the following amounts relation		ducation, or re	esearch in furtherance of						
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		🕨	\$						
2	(ii) Assets incluing the organization	uded in Form 990, Part X	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	► r assets for fi	\$						
а	•				\$						

b	Assets included in Form 990, Part X												\$
						_							

BAA

Schedu	le D (Forr	n 990) 2018									Page 2
Part	: []]	Organizations Maintaining	Colle	ections of	Art, His	torical 1	Freasures	, or O	ther Similar As	sets (con	tinued)
3		the organization's acquisition, tion items (check all that apply):		sion, and o	ther reco	rds, chec	k any of th	e follov	wing that are a s	significant ι	ise of its
а	🗌 Ρι	blic exhibition			d	🗌 Loan	or exchang	ge prog	rams		
b	Sc Sc	holarly research									
с	🗌 Pr	eservation for future generation	s								
4	Provic XIII.	le a description of the organiza	tion's	collections	and expla	ain how t	hey further	the org	ganization's exer	npt purpos	e in Part
5		g the year, did the organization to be sold to raise funds rather								ar	🗌 No
Part	: IV	Escrow and Custodial Arra	-								
		Complete if the organization 990, Part X, line 21.	n ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an ar	nount on F	orm
1a		organization an agent, trustee ed on Form 990, Part X? .								_	🗌 No
b	lf "Yes	s," explain the arrangement in P	art XII	l and compl	ete the fo	llowing ta	able:				
									A	mount	
С	Begin	ning balance						10	>		
d	Additi	ons during the year						10	1		
е	Distrik	outions during the year						16	•		
f	Endin	g balance						11	F		
2a	Did th	e organization include an amou	nt on I	Form 990, P	art X, line	21, for e	scrow or c	ustodia	l account liability	/? 🗌 Yes	🗌 No
b	lf "Yes	s," explain the arrangement in P	art XII	I. Check her	e if the ex	kplanatio	n has been	provid	ed on Part XIII .		
Par	t V	Endowment Funds.									
		Complete if the organization	n ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 10.			
			(a) (Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four ye	ears back
1a	Begin	ning of year balance									
b	Contri	butions									
С		vestment earnings, gains, and									
d	Grant	s or scholarships									
е		expenditures for facilities and ams									
f	Admir	istrative expenses									
g		f year balance									
2		le the estimated percentage of t	the cu	rrent vear er	nd balanc	e (line 1a	i. column (a	ı)) held	as:		
а		designated or quasi-endowme		,	%	. 0	,, (,,			
b		anent endowment	%								
с		orarily restricted endowment		%							
		ercentages on lines 2a, 2b, and		ould equal 1	00%.						
3a		ere endowment funds not in th				zation tha	at are held	and ac	Iministered for th	ne	
		zation by:									es No
	(i) ur	related organizations								3a(i)	
	••	ated organizations								3a(ii)	
b		s" on line 3a(ii), are the related o								3b	
4		ibe in Part XIII the intended uses									
Part	: VI	Land, Buildings, and Equip	omen	t.							
		Complete if the organization			" on For	m 990, F	Part IV, line	e 11a.	See Form 990.	Part X, lir	ie 10.
		Description of property		(a) Cost or o (investm	ther basis	(b) Cost c	or other basis other)	(c)	Accumulated epreciation	(d) Book	
1a	Land				0.						0.
b		ngs	. †								
c		hold improvements	. t				28,296.		28,296.		0.
d		ment	. t				97,350.		76,100.	21	,250.
e	Other						64,788.		154,982.		,806.
		nes 1a through 1e. (Column (d) r		gual Form 9	90. Part 3		-)c.)			,056.
				,	.,	,	, ,,	· / ·			,

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 (c) Method of valuation: (b) Book value (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 34,003. (3)Credit Card Payable 561. (4) Deferred Rent Discount 3,044. ⁽⁵⁾Current portion of Debt 4,614. (6) Long Term Debt 5,133. (7)(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 47,355.

(9)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 99	0) 2018							Page 4
Par				ue per Audited Financ				Returi	n.
	Co	mplete if the	organizati	on answered "Yes" on	Form 990,	Part l	V, line 12a.		
1	Total reve	nue, gains, an	d other sup	port per audited financia	statements			1	2,386,754.
2	Amounts	included on lin	e 1 but not	on Form 990, Part VIII, li	ne 12:				· ·
а	Net unrea	lized gains (los	sses) on inv	estments		2a			
b	Donated :	services and us	se of faciliti	es		2b	6,300.	1	
с	Recoverie	es of prior year	grants			2c		1	
d	Other (De	scribe in Part)	×III.)			2d		1	
е	Add lines	2a through 2d						2e	6,300.
3								3	2,380,454.
4	Amounts	included on Fo	orm 990, Pa	rt VIII, line 12, but not on	line 1:				· ·
а	Investme	nt expenses no	ot included	on Form 990, Part VIII, lin	e7b	4a			
b						4b			
с								4c	
5	Total reve	enue. Add lines	3 and 4c.	(This must equal Form 99	0, Part I, line	12.)		5	2,380,454.
Par				ses per Audited Finan				-	<u></u>
				on answered "Yes" on					
1			-	ited financial statements				1	1,668,413.
2				on Form 990, Part IX, lin		• •		-	1,000,1101
a				es		2a	6,300.		
b						2b			
c	•					2c			
d						2d	-587.		
e						-		2e	5,713.
3		•						3	1,662,700.
4				rt IX, line 25, but not on l		i .			1,002,700.
a				on Form 990, Part VIII, lin		4a			
b						-			
c			,			L		4c	
5				. (This must equal Form 9				5	1,662,700.
_		pplemental			,00, 1 art 1, 111	C 10.)		5	1,002,700.
				II, lines 3, 5, and 9; Part II	L lines 1a an	d 1. D	art IV lines 1h and 2h	· Dort \	/ line /: Part V line
				es 2d and 4b. Also comp					
2, i a	п A, шез Z		i art An, ini			to pre		Ionnati	011.
D+ 3	TT Lin	e 4h. Book	to Tax	Difference in De	preciatio	n			
Z	<u>, , , , , , , , , , , , , , , , , , , </u>	e 40. BOOK		DITIETENCE IN DE					
D+ 3	TT Lin	e 2d. Book	to Tax	Difference in De	preciatio	n			
PL 2	<u>, , , , , , , , , , , , , , , , , , , </u>			DITIETENCE IN De	preciació				

Schedule D (Fo	rm 990) 2018 Page 5
Part XIII	Supplemental Information (continued)

SCF	IEDUL	EL.	
			_

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Part III

Christian Legal Society

Employer identification number 26 6101000

Chri	stian Legal Society	30-0101090					
Part	Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).						
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.							
1	(a) Name of disgualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected			
	(a) Martie of disqualities person	organization	(c) Description of transaction				

		organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurre	ed by the organization managers or dis	qualified persons during the year		
	under section 4958				
З	Enter the amount of tax if any o	on line 2 above reimbursed by the organi	ization 🕨 \$		

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	(d) Loan to or from the organization?		from the p		from the		from the		from the		(e) Original (f) Balance due (f) principal amount	(f) Balance due (g) Ir		(f) Balance due	(g) In d	lefault?		ard or	(i) W agree	
			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. REV 11/06/18 PRO BAA

Schedule L (Form 990 or 990-EZ) 2018



Business Transactions Involving Interested Persons. Part IV 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		aring of zation's nues?
				Yes	No
(1) H Robert Showers	Past President	1,072.	Fees for Services		×
(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

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. Pt III, Line 4d: Expenses: \$375,682 including grants of: \$0 Revenue: \$372,518 Description: Law Student Ministries: See Attached Expenses: \$129,534 including grants of: \$0 Revenue: \$132,745

Christian Legal Society 36-6101090 Description: Christian Legal Aid Ministries: See Attached	Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Description: Christian Legal Aid Ministries: See Attached Pt VI, Section C, Line 17: State: KY State: MD State: MI State: MN State: NH State: NH State: NM State: TN State: TN State: VA	Name of the organization	Employer identification number
See Attached Pt VI, Section C, Line 17: State: KY State: MD State: MI State: NH State: NH State: NM State: TN State: TN State: VA State: WI	Christian Legal Society	36-6101090
See Attached Pt VI, Section C, Line 17: State: KY State: MD State: MI State: NH State: NH State: NM State: TN State: TN State: VA State: WI		
Pt VI, Section C, Line 17: State: KY State: MD State: MI State: MN State: NH State: NM State: TN State: VA State: WI	Description: Christian Legal Aid Ministries:	
Pt VI, Section C, Line 17: State: KY State: MD State: MI State: MN State: NH State: NM State: TN State: VA State: WI	See Attached	
State: KY State: MD State: MI State: MN State: NH State: NM State: TN State: VA State: WI		
State: MD State: MI State: MN State: NH State: NM State: TN State: VA State: WI	Pt VI, Section C, Line 17:	
State: MD State: MI State: MN State: NH State: NM State: TN State: VA State: WI	State. KV	
State: MI State: MN State: NH State: NM State: TN State: VA State: WI		
State: MN State: NH State: NM State: TN State: VA State: WI	State: MD	
State: MN State: NH State: NM State: TN State: VA State: WI		
State: NH State: NM State: TN State: VA State: WI	State: MI	
State: NH State: NM State: TN State: VA State: WI	State: MN	
State: NM State: TN State: VA State: WI		
State: TN State: VA State: WI	State: NH	
State: TN State: VA State: WI		
State: VA State: WI	State: NM	
State: VA State: WI	State: TN	
State: WI		
	State: VA	
	State. WI	
State: WV		
	State: WV	

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	(g) Section 512(b)(1: controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



36-6101090

(4)

(5)

(6)

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (e) (g) (i) (k) (a) (b) (c) (d) (f) (h) (i) Name, address, and EIN of Primary activity Direct controlling Predominant Share of total General or Legal Share of end-of- Disproportionate Code V-UBI Percentage related organization income (related, income amount in box 20 domicile entity year assets allocations? managing ownership unrelated, (state or of Schedule K-1 partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No (1) (2) (3)

(7) 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)									

REV 05/17/19 PRO

Part V

Note	: 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	e or more related organ	nizations listed in Parts	s II–IV?			
a	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)			t i i i i i i i i i i i i i i i i i i i	1e		
Ŭ					10		
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		
9 h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
	Lease of facilities, equipment, or other assets to related organization(s)				1j		
J					-''		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
Г	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)			4	10		
U					10		
p	Reimbursement paid to related organization(s) for expenses				1p		
р q	Reimbursement paid to related organization(s) for expenses			t t t t t t t t t t t t t t t t t t t	1g		
ч					14		
r	Other transfer of cash or property to related organization(s)				1r		
י פ	Other transfer of cash or property from related organization(s)			t t t t t t t t t t t t t t t t t t t	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must				-	shold	10
					JI LINE	511010	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	amoun	it involv	/ed
	·	type (a-s)		-			
(1)							
(2)							
(3)							
(4)							
(5)							
							-
(6)							
BAA	REV 05/17/19 PRO	•	· ·	Schedule R	R (Form	n 990)	2018

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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)	income (related, unrelated, excluded	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)	(j Gene mana parti	ral or Iging	(k) Percentag ownership
			from tax under sections 512–514)	Yes	No			Yes	No		Yes	No	

Page 4

Schedule R (F	Schedule R (Form 990) 2018 Page 5							
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.

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.