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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB № 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

| | | | | ` | | | |
|-----------------------|--------------|--|-----------------|--|-----------------------|-----------------------|------------------|
| <u>A</u> _ | For the | المراجع والمستقد | 2, and endin | 9 | | , 20 | |
| B | Check if a | pplicable C Name of organization American Museum of Tort Law | | | D Employe | er identification n | umber |
| \Box | Address o | • | | | 06-1529225 | | |
| | Name cha | Number and street (or P O. box if mail is not delivered to street address) | ite | E Telephor | ne number | | |
| | Initial retu | m 97 Main Street | | | 202-387-8030 | | |
| | Terminate | d City, town or post office, state, and ZIP code | | | | | |
| | Amended | return Winsted, CT 06098 | | | G Gross re | ceipts \$ | 71,987 |
| | Applicatio | n pending F Name and address of principal officer Ralph Nader | | H(a) Is this a | group return | for affiliates? Yes | ✓ No |
| | | P. O. Box 19312 Washington, DC 20036 | _ | H(b) Are al | l affiliates in | ncluded? 🔲 Yes | □ No |
| ī | Tax-exem | pt status | or 527 | If "N | o," attach a | list. (see instructio | ns) |
| J | Website: | ► NONE | | H(c) Group | exemption | number > | |
| K | Form of or | ganization: Corporation ☐ Trust ☐ Association ☐ Other ► L | Year of format | ion 1998 | M State | of legal domicile: | CŢ |
| P | art I | Summary | | | | | |
| | 1 1 | Briefly describe the organization's mission or most significant activiti | es: Throug | h education | al and inte | erpretive progra | ıms |
| • | | he American Museum of Tort Law seeks to increase understanding of th | | | | | |
| Š | | personal freedom and safety. | | | | | |
| Ë | 1 | | | | | | |
| Governance | 2 | Check this box ▶ ☐ if the organization discontinued its operations of | disposed o | of more than | 25% of | its net assets. | |
| Ğ | 3 1 | Number of voting members of the governing body (Part VI, line 1a). | | | 3 | | 3 |
| Activities & | 4 1 | Number of independent voting members of the governing body (Part | VI, line 1b) | | 4 | | 3 |
| iţi | | Total number of individuals employed in calendar year 2012 (Part V, | | | 5 | | |
| ÇÈ | | Total number of volunteers (estimate if necessary) | | | 6 | | |
| ⋖ | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | | 0 |
| | ľ | Net unrelated business taxable income from Form 990-T, line 34 | | | 7b | | 0 |
| _ | | | | Pnor Ye | ar | Current Ye | ar |
| ٥ | 8 | Contributions and grants (Part VIII, line 1h) | [| | 1,500 | | 66,500 |
| Revenue | 1 | Program service revenue (Part VIII, line 2g) | [| | 0 | | 0 |
| 9 | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | — | | 8,088 | | 5,487 |
| ď | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e | - | | 0 | | 0 |
| | | Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A) | | | 9,588 | | 71,987 |
| | + | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0 | | 0 |
| | | | | | 0 | | |
| Ø | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lin | es 5–10) | | 0 | - | 0 |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 | | |
| ğ | 1 | Fotal fundraising expenses (Part IX, column (D), line 25) ▶ | i i i j. | | | 1 | <u>जुल्ल</u> |
| Ã | | Other expenses (Part IX, column (A), lines 11a-11d, 1,1f-24e) | | | 0 | | 0 |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line | 25) | | 0 | | 0 |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | | 9,588 | | 71,987 |
| > 8 | | | | Beginning of Cu | | End of Ye | |
| Assets or Balances | 20 | Total assets (Part X, line 16) | | 7. 9 | ,053,051 | | 2,153,312 |
| Ass | 21 | Fotal liabilities (Part X, line 26) | - 17:31 | 1 | 0 | | <u>.,100,012</u> |
| Feet A | 1 | Net assets or fund balances. Subtract line 21 from/line 20 | · | | ,053,051 | | 2,153,312 |
| _ | art II | Signature Block | 7 | ; | -,030,031 | | <u> </u> |
| | _ | es of perjury, I declare that I have examined this return, including accompanying sched | ules and states | nents and to th | he heet of n | ny knowledge, and | helief it is |
| | | and complete Declaration of preparer (other than officer) is based on all information of | | | | ., | |
| _ | | 1/1/2/1/20 | | | 11/2 | 12012 | |
| Sign Here | | Signature of officer | | Då | 18/ | | |
| | | | asover | | | | |
| | | Type or print name and title | 2301EX | | | | |
| | | Print/Type preparer's name Preparer's signature | Da | te | | T . PTIN | |
| Pa | | | | | Check [self-emp | _j # j | |
| | eparer | | | | | -, | |
| Us | e Only | | | | 's EIN ► | | |
| Ma | v the IDS | Firm's address F 6 discuss this return with the preparer shown above? (see instruction | 18) | Pho | ne no | Yes | No |
| | | | | | · · · · | | 90 (2012) |
| ror | raperw(| ork Reduction Act Notice, see the separate instructions. | Cat No | o 11282Y | | romi 3 | ~~ (2012) |

6-17



| | 90 (2012) | Page 2 |
|------|--|---|
| Part | | |
| 1 | Check if Schedule O contains a response to any question in this Part III | <u> D</u> |
| ' | Through educational and interpretive programs, the American Museum of Tort Law seeks to increase understanding of | ftort law and |
| | the role it plays in the protection of personal freedom and safety. | i tort iaw ariu |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. |]Yes ☑No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | |]Yes ☑No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca the total expenses, and revenue, if any, for each program service reported. | s measured by tions to others, |
| 4a | (Code:) (Expenses \$including grants of \$) (Revenue \$ | |
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| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$ | |
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| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$ | |
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| 7-1 | Other program convece (Decembe in Schedule O.) | |
| | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| | Total program carving arranges > | |

Page 3

| | 0 (2012) | | | Page 3 |
|------|--|------------|----------|---------------|
| Part | Checklist of Required Schedules | | Yes | r |
| 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 | √ / | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | _ | 1 |
| 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 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 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 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | √ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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? If "Yes," complete Schedule D, Part VII | 11b | Ť | √ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | · · |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | <u>√</u> ✓ |
| 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. | 12a 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. | 15 | | √ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>▼</u> |
| 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | \neg | <u>▼</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>▼</u> |
| 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 | | <u>▼</u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | \dashv | <u>▼</u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | W | A |

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| Form 99 | 0 (2012) | | | Page 4 |
|----------|---|------------|-----|----------|
| Part | Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II | 21 | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u>/</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | √ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | √ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | <i>,</i> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | √ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | √ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ▼ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 38 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |

Form 990 (2012)

Form 990 (2012) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 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) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? . . 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a n/a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b n/a 11 Section 501(c)(12) organizations. Enter: 11a n/a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b n/a 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 . . . n/a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? W 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b n/a 13c Enter the amount of reserves on hand n/a 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

| Form 9 | 90 (2012) | | | , | Page 6 |
|-------------------|---|--------------------------------------|--------------|-----------------|-------------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | | | for a | "No" |
| | Check if Schedule O contains a response to any question in this Part VI | | | | |
| Secti | on A. Governing Body and Management | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . 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. | 1a 3 | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee? | 1b 3 relationship with | 2 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | ✓ |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? | on's assets? elect or appoint | 4 5 6 | | √ √ √ |
| b | Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body? | | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions ur the year by the following: | dertaken during | | | |
| а | The governing body? | | 8a | 1 | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Communication is mailing addresses. |) | 9 | | ✓ |
| <u>Secti</u> | on B. Policies (This Section B requests information about policies not required by the | e Internal Reven | <u>ue Co</u> | | |
| 40- | Did the experience have lead about the section of the section | | 40- | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | f cuch chapters | 10a | | ✓_ |
| U | affiliates, and branches to ensure their operations are consistent with the organization's exem | | 10b | N | Ά- |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | | 11a | -/ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | - | 110 | * - | |
| 12a b | | | 12a 12b | | <u>√</u> |
| С | Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done | | 12c | | <u>·</u> |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | ✓ |
| 14 15 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation | and approval by | 14 | | ✓_ |
| а | The organization's CEO, Executive Director, or top management official | | 15a | N | ĺΑ |
| b | Other officers or key employees of the organization | | 15b | N | IA |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year? | | 16a | 1 | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to | n to evaluate its o safeguard the | 104 | | <u>•</u> |
| | organization's exempt status with respect to such arrangements? | <u> </u> | 16b | لالا | A_ |
| Secti | on C. Disclosure | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply. | nd 990-T (Section | 501(| c)(3)s | only) |
| 19 | Own website Another's website Upon request Other (explain in Sci Describe in Schedule O whether (and if so, how), the organization made its governing docu and financial statements available to the public during the tax year. | | inter | est po | olicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the be organization. ► The Corporation / 1530 P Street, NW / Washington, DC 20005 / 202-387-8030 | ooks and records | of the | | |

(13)

| Americai | I Muscum of Tort Law | | | 4 | 201 | | | | | | 00-1329223 | |
|---------------------------|---|-------------------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|-------------------------|------------------------------|-----------------------------|----|
| | | | | | | | | | | | | |
| Form 990 (201 | <u> </u> | | | | - | | | | | | Page | |
| Part VII | • | ectors, T | ruste | es, | , Ke | ey E | mpl | oye | es, Highest | Compensated | Employees, and | d |
| | Independent Contractors Check if Schedule O contains a re | esnonse to | anv | aue | etir | n i | n this | Pa | rt VII | | | ז |
| Section A. | Officers, Directors, Trustees, Key | | | | | | | | | | <u> </u> | _ |
| 1a Comple | te this table for all persons require | | | | | | | | | | g with or within th | e |
| _ | n's tax year. | | | | | | | | | | | _ |
| | I of the organization's current office ion. Enter -0- in columns (D), (E), and | | | | | | | | ividuals or org | anizations), rega | rdless of amount o |)f |
| | of the organization's current key en | | | | | | | | | | | |
| who receiv | e organization's five current highes ed reportable compensation (Box 5 n and any related organizations. | | | | | | | | | | | |
| | ll of the organization's former offic | | | | | | | | | mployees who | received more tha | n |
| | f reportable compensation from the | - | | | | | _ | | | | | |
| | I of the organization's former direct, more than \$10,000 of reportable c | | | | | | | | | | tor or trustee of the | е |
| - | ns in the following order: individi | - | | | | _ | | | - | - | emplovees; highes | st |
| | ed employees; and former such pers | | | | | · | | | | , , | , , , , , , , , , , | |
| ✓ Check t | his box if neither the organization no | r any relate | d org | aniz | _ | | ompe | nsa | ited any currer | t officer, directo | r, or trustee. | _ |
| | | | | | | C) ation | | | | | | |
| | (A) Name and Title | (B) | | | heck | mor | e than (| | (D) | (E) | (F) | |
| | Name and Title | Average hours per | office | | | | is both or/trus | | Reportable compensation | Reportable compensation from | Estimated amount of | |
| | | week (list any hours for | 익종 | ह्न | Ιĝ | 6 | 3,8 | 3 | from the | related organizations | other compensation | |
| | | related | Individual trustee or director | Institutional trustee | Čer | Key employee | ploy | Former | organization | (W-2/1099-MISC) | from the | |
| | | organizations below dotted | 학학 | onal | | lploy | 88 | ļ . | (W-2/1099-MISC) | | organization and related | |
| | | line) | uste | trus | | 8 | T Den | | 1 | | organizations | |
| | | | " | 8 | | | Highest compensated employee | | | | | |
| (1) 0 11 0 11 | NADED. | 4.00 | | | | | | | | | | _ |
| (1) RALPH President/Tr | | 1 00 | 1 | | / | | | | ۰ ا | ۰ ا | | 0 |
| (2) JOSEPH | | .10 | | | Ė | T | | | | | | × |
| Vice Preside | | | ✓ | _ | ✓ | | | L | 0 | 0 | | 0 |
| | AYER | 10 | ↓ , | | ١, | | | | | | | |
| Secretary | | | 1 | - | 1 | | | | 0 | 0 | | 0 |
| (4) | | | i | | | | | | | | | |
| (5) | | | | | | | | | | | | _ |
| (6) | | | | | | | | | | | | - |
| (7) | | | | | | | | ┢ | | | | - |
| (8) | | | - | | | | | - | | | | - |
| (9) | | | | | \vdash | | | | | | | - |
| | | | | | _ | | | <u> </u> | | | | _ |
| (10) | | | 1 | | | | | | | | | |
| (11) | | | \vdash | \vdash | \vdash | \vdash | | \vdash | | | | - |
| | | T | 1 | l | | | | | | | | |

Form 990 (2012)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) **Position** (D) (F) (A) (B) (E) (do not check more than one Estimated Average Reportable Reportable Name and title box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) related other veek (list an from Highest compensated employee Key employee Individual trustee or director compensation Institutional trustee the organizations hours for (W-2/1099-MISC) from the related organization organization (W-2/1099-MISC rganizations below dotted and related organizations (15) (17) (18) (19) (20) (23) (25)0 c Total from continuation sheets to Part VII, Section A 0 0 0 Total (add lines 1b and 1c) 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ NONE

Form **990** (2012)

Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (D) Revenue excluded from tax (B) Related or (C) Unrelated exempt function revenue business revenue under sections 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a Membership dues . . . 1b Fundraising events 1c Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 66,500 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f . . \blacktriangleright 66,500 Program Service Revenue **Business Code** 2a All other program service revenue. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) ▶ <u>5,</u>487 Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties (i) Real (ii) Personal 6a Gross rents . . Less rental expenses Rental income or (loss) Net rental income or (loss) (II) Other Gross amount from sales of (i) Securities assets other than inventory Less cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities . Gross sales of inventory, less 10a returns and allowances Less: cost of goods sold . . b Net income or (loss) from sales of inventory . Miscellaneous Revenue 11a b C All other revenue . d Total. Add lines 11a-11d . . . e Total revenue. See instructions. 71,987 71,987

Form 990 (2012) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes . . . 11 Fees for services (non-employees): Management b Legal . Accounting . Lobbying . . . d Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . 13 Office expenses Information technology . . 14 15 Royalties 16 Occupancy . . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 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.) а b C d All other expenses Total functional expenses. Add lines 1 through 24e 25 0 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

If following SOP 98-2 (ASC 958-720)

if ∫

| Р | n 990 (2) art X | | | | Page 1 |
|--------|--------------------|---|-------------------|---------|--|
| | | Check if Schedule O contains a response to any question in this Pa | art X | | [|
| | | | (A) | T | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | 9,409 | 1 | 72,1 |
| | 2 | Savings and temporary cash investments | 1,215,299 | | 1,210,9 |
| | 3 | Pledges and grants receivable, net | 0 | - | |
| | 4 | Accounts receivable, net | 0 | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees | | _ | |
| | _ | Complete Part II of Schedule L | 0 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions). Complete Part II of Schedule L | d | | 1 |
| | 7 | | | _ | <u> </u> |
| 433413 | 7 8 | Notes and loans receivable, net | 0 | | |
| ` | 9 | | 0 | _ | |
| | 9 10a | Prepaid expenses and deferred charges | 0 | 9 | |
| | 100 | ather book Complete Doub VII of Cohedule D | - | - | 3 7 2 3 4 |
| | ь | Less: accumulated depreciation 10b | 0 735,870 | 100 | 740.0 |
| | 11 | Investments—publicly traded securities | 92,473 | | |
| 1 | 12 | Investments—other securities. See Part IV, line 11 | 92,473 | | 120,5 |
| 1 | 13 | Investments—program-related. See Part IV, line 11 | 0 | | |
| | 14 | Intangible assets | 0 | _ | |
| 1 | 15 | Other assets. See Part IV, line 11 | 0 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,053,051 | | 2,153,3 |
| + | 17 | Accounts payable and accrued expenses | 2,053,051 | | 2,133,3 |
| | 18 | Grants payable | 0 | | |
| | 19 | Deferred revenue | 0 | | |
| ١ | 20 | Tax-exempt bond liabilities | 0 | | |
| ١ | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0 | | |
| 1 | 22 | Loans and other payables to current and former officers, directors | | | -0.14 - 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | | trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | d 0 | 22 | |
| i | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | |
| 1 | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part 2 | < | | |
| 1 | | | 0 | | |
| 4 | 26 | Total liabilities. Add lines 17 through 25 | 0 | | , 1 (18, 5) (8) |
| | | complete lines 27 through 29, and lines 33 and 34. | | 4 | |
| 1 | 27 | Unrestricted net assets | 2,053,051 | 27 | 2,153,3 |
| ١ | 28 | Temporarily restricted net assets | 0 | 28 | |
| | 29 | Permanently restricted net assets | d O | 29 | ي مو ک |
| 1 | | Capital stock or trust principal, or current funds | | 30 | |
| | | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| - | | Retained earnings, endowment, accumulated income, or other funds. | | 32 | |
| | | Total net assets or fund balances | 2,053,051 | 33 | 2,153,3 |
| | | Total liabilities and net assets/fund balances | 2,053,051 | 34 | 2,153,31 |
| | | rotal industrials and not appoint and palations | 1 2,000,001 | <u></u> | Form 990 (201 |

| | 90 (2012) | | | Pa | age 12 |
|------|--|----------|-----|--------------|---------------|
| Par | t XI Reconciliation of Net Assets | | | - | |
| | Check if Schedule O contains a response to any question in this Part XI | | , | | . 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 71,987 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 0 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 71,987 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2,0 | 53,051 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 28,274 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 2,15 | 53,312 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | | | |
| | Schedule O. | | | - 1 | |
| 2a | The area of the ar | | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | oiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | _ |
| b | The state of the s | | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | _ | | | _ |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | 7 | A |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plaın ın | | | |
| | Schedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | 4- |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits | 3b | N | A |
| | | | For | n 990 | (2012) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

American Museum of Tort Law 06-1529225 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). I An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated a 🔲 Typei b Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(n) 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (v) Did you notify (i) EIN (iii) Type of organization (i) Name of supported (vi) Is the (vii) Amount of monetary in col. (i) listed in your the organization in organization in col organization (described on lines 1-9 SUDDOM (i) of your (i) organized in the governing document? col above or IRC section support? US? (see instructions)) Yes Yes Yes No No (A) (B) (C) (D) (E)

Page 2

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | Part III. If the organization fails to | qualify unde | r the tests lis | ted below, pl | ease comple | te Part III.) | |
|----------|--|------------------|-----------------|-----------------|-----------------|------------------|-------------|
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 18,000 | 2,500 | 1,500 | 1,500 | 66,500 | 90,000 |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | 0 | 0 | o | 0 | 0 | 0 |
| 4 | Total. Add lines 1 through 3 | 18,000 | 2,500 | 1,500 | 1,500 | 66,500 | 90,000 |
| 5 | The portion of total contributions by | | | | • | | |
| • | each person (other than a | | | ` | | , | |
| | governmental unit or publicly | - | | | | | |
| | supported organization) included on | | | | • | 1 | |
| | line 1 that exceeds 2% of the amount | , | | | | | |
| | shown on line 11, column (f) | | | | • | | 36,575 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 53,425 |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 18,000 | 2,500 | 1,500 | 1,500 | 66,500 | 90,000 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | İ | | | |
| | sources | 39,174 | 21,245 | 7,252 | 8,088 | 5,487 | 81,246 |
| 9 | Net income from unrelated business | | | İ | | Ì | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income Do not include gain or | | | | | İ | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Total support. Add lines 7 through 10 | /aga unatrustis | | | | 40 | 171,246 |
| 12 13 | Gross receipts from related activities, etc. First five years. If the Form 990 is for the | | | | | 12 | 0 501/0/(3) |
| 13 | organization, check this box and stop hei | | | | | | |
| Section | on C. Computation of Public Suppor | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 14 | Public support percentage for 2012 (line 6 | | | 1 column (fl) | | 14 | 31 20 % |
| 15 | Public support percentage from 2011 Sch | | | | | 15 | 42.94 % |
| 16a | 331/3% support test—2012. If the organiz | | | | | | |
| | box and stop here. The organization qual | | | | | | ▶ □ |
| b | 331/3% support test-2011. If the organ | - | | _ | | 15 is 331/3% | |
| - | check this box and stop here. The organi | | | | | | . ▶ ☑ |
| 17a | 10%-facts-and-circumstances test – 20 | | | | | a. or 16b. and l | |
| | 10% or more, and if the organization mee | ets the "facts-a | ind-circumstai | nces" test, che | ck this box an | d stop here. E | xplain in |
| | Part IV how the organization meets the "fa | acts-and-circui | mstances" tes | t. The organiza | ation qualifies | as a publicly su | pported |
| | organization | | | | | | ``. ▶ □ |
| ь | 10%-facts-and-circumstances test—20 | 11. If the orga | nization did no | ot check a box | on line 13 16 | a. 16b. or 17a | |
| U | 15 is 10% or more, and if the organizat | ion meets the | facts-and-ci | cumstances" | test, check th | is box and sto | p here. |
| | Explain in Part IV how the organization m | | | | | | |
| | · · | | | | - | | ` ∲ □ |
| 18 | Private foundation. If the organization did | d not check a t | oox on line 13. | 16a, 16b, 17a | , or 17b, check | this box and | |
| | instructions | | | | | | . ▶ 🗆 |

Schedule A (Form 990 or 990-EZ) 2012

| Dage | 3 |
|------|---|
| Page | J |

| Part | III Support Schedule for Organiza | ations Desci | ribed in Sect | ion 509(a)(2) | | | |
|-------------|---|----------------|--|--------------------|---|--|---------------|
| | (Complete only if you checked the | | | | ization faıled | to qualify und | der Part II. |
| | If the organization fails to qualify | | | | | | N/A |
| Sect | ion A. Public Support | | · · · · · · · · · · · · · · · · · · · | | - | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | 1.7 | (-/ | (5,2515 | (3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/ | (-, | (1) |
| | received. (Do not include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | <u> </u> | |
| | sold or services performed, or facilities | | ĺ | | | | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| • | unrelated trade or business under section 513 | | [| | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| ,, | received from disqualified persons . | | | | | | |
| | · · · | | | | | | |
| b | Amounts included on lines 2 and 3 | 1 | | ļ | | ! | |
| | 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 8 | Add lines 7a and 7b | | | | | | |
| 0 | | • | | , . | | | |
| Socti | on B. Total Support | - | | ' | | <u> </u> | |
| | dar year (or fiscal year beginning in) | (a) 0000 | (h) 0000 | (-) 0010 | (4),0044 | (-) 0040 | 10 T-1-1 |
| 9 | Amounts from line 6 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Gross income from interest, dividends, | | - | | | | |
| iua | payments received on secunties loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| | Unrelated business taxable income (less | | | | | | |
| b | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| _ | | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 40 | " <i>'</i> | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | _ | | |
| 13 | and 12.) | | | | | i | |
| 14 | First five years. If the Form 990 is for th | o organization | 'a first sees | d thurst formation | or fifth tour | | - F01(a)(2) |
| 14 | organization, check this box and stop her | - | | | • | | |
| Coati | on C. Computation of Public Suppor | | | <u> </u> | · · · · · | | <u> </u> |
| 15 | Public support percentage for 2012 (line 8 | | | 2 | | 15 | |
| | | | | * | | | <u>%</u> |
| 16 Secti | Public support percentage from 2011 Schoon D. Computation of Investment Inc | | | | · · · · · | 16 | <u>%</u> |
| | | | | uluno 12. nolum | (f) | 147 | |
| 17 18 | Investment income percentage for 2012 (I | | - | | | 17 | <u>%</u> % |
| 18 | Investment income percentage from 2011 | | | | | 18 ore than 221m9 | |
| 19a | 331/3% support tests—2012. If the organi 17 is not more than 331/3%, check this box a | | | | | | |
| L | 33 ¹ / ₃ % support tests—2011. If the organiza | | | | | | |
| b | line 18 is not more than 331/3%, check this b | | | | | | |
| 00 | | | | | | | |
| _20 | Private foundation. If the organization did | лот спеск а | oux on line 14, | 19a, or 19b, c | HECK THIS DOX | and see instruc | uons 🕨 📙 |

| Schedule A (F | Schedule A (Form 990 or 990-EZ) 2012 Pag | | | | | |
|---------------|---|-------|--|--|--|--|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | |
| NONE | | | | | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Valle ! | or the organization | | Employ | yer identification number |
|---------|---|---|-------------|---------------------------------|
| Ameri | can Museum of Tort Law | | | 06-1529225 |
| Pai | Companies of the Com | or Advised Funds or Other Similar Fu | nds or | Accounts. Complete if the |
| | organization answered "Yes" to F | orm 990, Part IV, line 6. | | ŃΑ |
| | | (a) Donor advised funds | • | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) . | | | |
| 3 | Aggregate grants from (during year) | - | | |
| | | | | |
| 4 | Aggregate value at end of year Did the organization inform all donors and | dana advana in water that the anath | L-1-1 | dana and was al |
| 5 | funds are the organization's property, subject | | | |
| | | - | | |
| 6 | Did the organization inform all grantees, do | | | |
| | only for charitable purposes and not for the | | | |
| | conferring impermissible private benefit? | | | |
| Par | t II Conservation Easements. Comp | | ' to For | m 990, Part IV, line 7. N/ |
| 1 | Purpose(s) of conservation easements held | | | |
| | Preservation of land for public use (e.g., | recreation or education) Preservation of | of an his | torically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation of | of a certi | ified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organiza | tion held a qualified conservation contribut | ion in the | e form of a conservation |
| | easement on the last day of the tax year. | · | | |
| | | | 1 | Held at the End of the Tax Yea |
| а | Total number of conservation easements . | | ŀ | 2a |
| b | Total acreage restricted by conservation eas | sements | | 2b |
| C | Number of conservation easements on a cer | | , | 2c |
| d | Number of conservation easements includ | | L | 20 |
| u | historic structure listed in the National Regis | • • • | | 2d |
| 3 | Number of conservation easements modified | | L | |
| • | tax year ▶ | d, transferred, released, extinguished, or ter | IIIIIIIIIII | by the organization during the |
| 4 | | apparation apparent is located | | |
| 4 5 | Number of states where property subject to Does the organization have a written pol | | cpoction | handling of |
| 3 | violations, and enforcement of the conservation | | | |
| | Staff and volunteer hours devoted to monito | | | |
| 6 | Stan and volunteer flours devoted to monito | ing, inspecting, and emorcing conservation | ii easeiii | ents during the year |
| 7 | Amount of expenses incurred in monitoring, | and orference contact and or | | duma the com |
| ′ | Amount of expenses incurred in monitoring, ▶\$ | inspecting, and emorcing conservation eas | ements | during the year |
| 8 | Does each conservation easement reported | on line 2/d) above satisfy the requirements | of postu | on 170/b\(4\/B\ |
| 0 | | | OI Secul | |
| _ | · · · · · · · · · · · · · · · · · · · | | | · · · □ Yes □ No |
| 9 | In Part XIII, describe how the organization re | • | | • |
| | balance sheet, and include, if applicable, the | | nanciai s | statements that describes the |
| | organization's accounting for conservation e | | | <u> </u> |
| Pan | | ctions of Art, Historical Treasures, or | | |
| | ······································ | ered "Yes" to Form 990, Part IV, line 8. | | N/A |
| 1a | If the organization elected, as permitted und | | | |
| | works of art, historical treasures, or other | | | |
| | public service, provide, in Part XIII, the text of | if the footnote to its financial statements tha | at descri | bes these items. |
| b | If the organization elected, as permitted un | , | | |
| | works of art, historical treasures, or other | | ducation | n, or research in furtherance o |
| | public service, provide the following amounts | | | |
| | (i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X . | line 1 | | . ▶ \$ |
| | (ii) Assets included in Form 990, Part X . | | | . ▶ \$ |
| 2 | If the organization received or held works | of art, historical treasures, or other simila | r assets | for financial gain, provide the |
| | following amounts required to be reported un | | | • |
| а | Revenues included in Form 990, Part VIII, line | 91 | | . ▶ \$ |
| b | Assets included in Form 990, Part X | | | ▶ \$ |

| Schedu | ele D (Form 990) 2012 | | | | | | | | | | Page 2 |
|--------|--|------------------------------|----------|--|--------------|--|-------------|---------------------------------------|--------------|-------------|----------------|
| Par | | | | | | | | | | | |
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and ot | her rec | ords | , che | ck any of th | ne follov | ving that are a | • | | e of its |
| а | Public exhibition | | d | \Box | Loan | or exchan | ae oroa | rams | N/A | + | |
| b | ☐ Scholarly research | | | | | | | | · | | |
| c | ☐ Preservation for future generations | • | • | ш | Ouile | | | | | | |
| 4 | Provide a description of the organizat | | and evr | מובור | how t | hov further | the oro | ianization'e eve | amnt nur | 2000 | ın Dod |
| • | XIII. | ion a conceners c | and cap | Jiani | | incy function | and org | Janization 3 ext | sinpt pur | 2036 | #1 Fall |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | | / 00 | □ No |
| Par | | | | | | | | | | | |
| | line 9, or reported an amoun | | | | | | | | N/ | A | - |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | | | /es | □ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | te the t | follo | wing t | able: | | | _ | | _ |
| | , , | • | | | Ū | | | | Amount | | |
| С | Beginning balance | | | | | | 10 | : | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | - | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amoun | | | | | | | | . 🗀 ነ | es l | □No |
| b | If "Yes," explain the arrangement in Pa | | | | | | | | | | |
| | t V Endowment Funds. Comple | | | | | | | | | | <u></u> |
| | | (a) Current year | | nor y | | | | (d) Three years ba | | | s back |
| 1a | Beginning of year balance | | | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | |
| b | Contributions | | | | | | | | | | |
| c | Net investment earnings, gains, and | | | | | | | | | | |
| • | losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and | | <u> </u> | | | - | | | | | |
| Ŭ | programs | | | | | | | | - | | |
| f | Administrative expenses | | _ | | | - | | | | | |
| | · · · · · · · · · · · · · · · · · | | | | | | | | - | | ——— |
| g | End of year balance | | d balan | | | | الماملات | | L | | |
| 2 | Provide the estimated percentage of the | ie currem year em | u balan | ice (i | me rg | j, column (a | ij) neid a | 15 | | | |
| a | Board designated or quasi-endowmen | | 90 | | | | | | | | |
| b | Permanent endowment ► | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | 001 | | | | | | | | |
| 0- | The percentages in lines 2a, 2b, and 2c | | | | 41 | | | | | | |
| Ja | Are there endowment funds not in the organization by: | possession of the | e organ | ıızaıı | on the | at are nero | ano ao | ministered for t | ne | | T |
| | • | | | | | | | | <u> </u> | | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | —— |
| | (ii) related organizations | | | | | | | | 3a(ii | <u> </u> | |
| | If "Yes" to 3a(ii), are the related organiz | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses | | | | | | - | | | | |
| Part | | | | $\overline{}$ | | | | | | | |
| | Description of property | (a) Cost or oth (investme | | (b) | | or other basis ther) | | Accumulated preciation | (d) Bo | ok valı | 1 0 |
| 1a | Land | | | \perp | | | | | | | |
| b | Buildings | | | | | | | | | | |
| C | Leasehold improvements | | | $oldsymbol{ol}}}}}}}}}}}}}}$ | | | | | | | |
| d | Equipment | | | | | | | | | | |
| е | Other | | | | | 749,666 | | 0 | | 7 | 49,666 |
| Total. | Add lines 1a through 1e. (Column (d) ma | ust equal Form 99 | 0. Part | X. c | olumn | |)(c),) . | > | | | 49 666 |

| Schedule D (Form 990) 2012 | | | Page 3 |
|--|---------------------------|--|---------------------------|
| Part VII .Investments—Other Securiti | es. See Form 990, Part X, | line 12. N// | ት |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) (G) | ···· | | |
| (H) | | | |
| (I) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) | | | |
| Part VIII Investments—Program Rela | | line 13. | N/A |
| (a) Description of investment type | (b) Book value | (c) Method of value Cost or end-of-year ma | iation, |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | ,, |
| (7) | <u> </u> | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | <u> </u> | |
| Part IX Other Assets. See Form 990, | (a) Description | N/A | (b) Book value |
| (4) | (a) Description | | (b) book value |
| (1) | | | |
| (2) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X | | | |
| Part X Other Liabilities. See Form 99 | | N/A | |
| 1. (a) Description of liability | (b) Book value | , | |
| (1) Federal income taxes | | ļ | |
| (2) | | | |
| (3) | | 4 | |
| (4) | _ | | |
| (5) | | and a segretary and the contract they age | , s |
| (6) | _ | All the state of t | 海山山野はおいいか こうで |
| (7) | _ | | |
| (8) | | | • |
| (9) | | - | |
| (10) | | - | |
| (11) | | - | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the second seco | | langation's financial statements that | enorts the organization's |
| liability for uncertain tax positions under FIN 48 (AS | | | |

| Schedu | ele D (Form 990) 2012 | | | Page 4 |
|--------|--|--------------------|------------|----------------|
| Par | Reconciliation of Revenue per Audited Financial Statements With | Revenue per l | Return | N/A |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | | | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | .] | |
| d | Other (Describe in Part XIII.) | | ` | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | ···· |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | 1 | |
| b | Other (Describe in Part XIII.) | | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With | Expenses pe | r Retu | m N/A |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | | - | |
| b | Prior year adjustments | | 1 | |
| C | Other losses | | | |
| d | Other (Describe in Part XIII.) | | ŀ | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | [| 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | \$ 7 4, | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | - " | |
| b | Other (Describe in Part XIII.) | | , | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | [| 5 | |
| Part | XIII Supplemental Information | | | |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li | | | |
| | , line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp | piete this part to | provide | any additional |
| | ation. | | | |
| NONE | | | | |
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| Schedule D (Fol | m 990) 2012 | Page 5 |
|-----------------|--------------------------------------|---|
| Part XIII | Supplemental Information (continued) | |
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| NONE | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

| American Museum of Tort Law | 06-1529225 | | | | |
|--|-------------------------------|--|--|--|--|
| Part VI, Section B, Line 11A Form 990 was reviewed by President/Treasurer and by other Officers, upon request. | | | | | |
| Part VI, Section C, line 19 Basic information about the American Museum of Tort Law (AMTL), such a | s the Form 990, shall be made | | | | |
| available upon request, in a timely manner, and with charge to individuals who request it. | | | | | |
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