

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

		nue Service	▶ Information about	Form 990 and its in	nstructions is at	www.irs.go	ov/form990.		Insp	ection
Ā	For the	2013 cale	ndar year, or tax year beginning			nd ending	June		, 20 14	
В		applicable	C Name of organization Judicial Co					D Employ	er identificati	on number
	Address	change	Doing Business As						20-230329	52
	Name ci		Number and street (or P.O. box if it	nail is not delivered to si	reet address)	Room/suite		E Telephor	ne number	
$\bar{\Box}$	Initial re	_	722 12th Street, NW		ŕ	Fourth	Floor	•	571-247-36	ess.
$\bar{\sqcap}$	Termina		City or town, state or province, cou	ntry, and ZIP or foreign	postal code	Tourti	11001		371-247-30	
Ħ		ed return	Washington, DC, 20005		•		1.	G Gross re	erointe C	5,775,000
ñ		tion pending	F Name and address of principal office	er: Gary Marx, Pre	eidont	·				3,773,000 Yes
	гириси	or perang	722 12th Street, NW, Washingto	•	sident			•		Yes No
-	Tavagra	mpt status	☐ 501(c)(3)		[] 4047(eV4) ex. [527	4 ''		list (see insti	
<u> </u>	Website		cialnetwork.com	(4) - (macrinos)		_1327	H(c) Group (•	,
K			Corporation Trust Associ	ation Other▶	I Ves	r of formation			of legal domi	olo MA
	art I	Summ		0001 C) 011.0 r	12.160	O IOITHAU	2004	IN State	Or regar donn	ale. VA
	1		escribe the organization's mis-	ion or most signif	cont antivitiae:					
ę,	1		ion of the Organization is to pro	-						
auc	1		and impartial judiciary, and to					ea to the	rule of law,	<u></u>
Ē	2	Check th	is box ▶☐ if the organization	discontinued as o	perations or du	s mission.	more than	25% of	ite not sec	
Š	3	Number	of voting members of the gove	eming body (Part)	/I line 1a)			3	112 1161 0221	
<u>ئ</u>	4		of independent voting member					4		3
es	5		nber of individuals employed					5		2
Activities & Governance	6		nber of volunteers (estimate if		310 (1 tat 4, 1116	zaj .		6		
Ş	7a		elated business revenue from		C) Jine 12	· · · · ·		7a		0
_	Ь		lated business taxable income			(91		7b	 	0
	 ~	1101 018 0	aced business texable income	, K	, me 34		Prior Yea		Carre	ont Year
	8	Contribu	tions and grants (Part VIII, line	161 S		.4				
Revenue	9		service revenue (Part VIII, line		2 1 2015	1.	<u>4</u> ,	,990,000		5,775,000
Š	10	investme	ent income (Part VIII, column (-9, 03;		· ·				
œ	11		renue (Part VIII, column (A), lin			* : }—				
	12		enue—add lines 8 through 11 (na.12)		990,000		5,775,000
	13		nd similar amounts paid (Part			:/		979,000		3,170,000
	14		paid to or for members (Part I		•	· -	<u></u>	,373,000		3,170,000
so.	145		other compensation, employee			5-10\		132,500		30,500
8	16a		onal fundraising fees (Part IX,					132,300		30,300
Expenses	Ь		draising expenses (Part IX, co		•	0				
ŭ	17		penses (Part IX, column (A), lii	,		2	2	375,056		2,605,124
	18		penses Add lines 13-17 (must		•	√ . ⊢		,486,556		5,805,624
	19		less expenses. Subtract line			' · ├-		496,556)		(30,624)
7.0	+					Be	ginning of Cur		End	of Year
Net Assets or	20	Total ass	sets (Part X, line 16)					40,752		10,127
Şá	21		pilities (Part X, line 26)					0		,,
2	22		ts or fund balances. Subtract	line 21 from line 2	D			40,752	l	10,127
P	art II		ture Block			ــلــنــنــ			1	
			ry, I declare that I have examined this lete. Declaration of preparer jother that						my knowledge	and belief, it is
_		1		(/M					Shet	
Si	gn	Sign	exure of officer		メラー		Dat	e	~/13/	<u> </u>
He	ere		NEIL ('O	RKERU L	/ / 0	ZE954	RER			
		Тур	e or print name and title	- 27 86 - 1						
p.	aid	Print/Ty	pe preparer's name	Preparer's signature	.7 .	Date		Chast	CT , PTIN	
	epare	T. Ravi	mond Conlon, CPA	TRUINWI	Conton (1)	4 105	-15-15	Check self-em		201486002
	~ha!	<u> </u>								

Firm's name > Conton and Associates LLC

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► PO Box 6213, Silver Spring, MD, 20916-6213

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN

301-598-6851

✓ Yes
☐ No

Form 990 (2013)

Phone no.

Cat. No 11282Y

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

Part	IV Checklist of Required Schedules			- ago c
			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		1
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<u> </u>	V
	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		1
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.	10		V
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		1
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		1
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		▼
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	7
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	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		1
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? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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		1
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		√
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_

Form 99	· · · · · · · · · · · · · · · · · · ·		1	Page 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or 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		1
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 25a	24a		1
c	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		
	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		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 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		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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	-	1
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? If "Yes," complete Schedule R, Part 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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	:		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	1	(2012)

art				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u>. </u>
4 -			Yes	No
1a		5		
Ь		9		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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		7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\ <u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\vdash
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ť	
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		l
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	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	\vdash
8	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:	35	1	1
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:			
a	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	120		
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.	iod		
ь	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		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	 	+*-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	for a	ions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Yes	No
14	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.			
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 relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
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		1
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	The governing body?	8a	√	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b	/	├
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	:	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	<u> •</u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	/	├—
C 42	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	✓	
13 14	Did the organization have a written whistleblower policy?	13		✓
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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	V	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	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, and 990-T (Section	- FO17	-1/2/	
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 501(_{U)(} 3)S	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	/, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;	
	Organization: April Corkery, 722 12th Street NW, Fourth Floor, Washington, DC (571) 247, 2509			

\sim	~	2	\sim	~	\sim		\sim
20	-2	-5	U	.5	4	_	4

Form	990	(201	3

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
	Independent Contractors	
	Obselvit Osberbile O sentrine a management and state of the state D 13.00	

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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do x, office or directo	ot ch	Pos neck ss pe	ition more		one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
(1) Gary Marx President	11	1	æ	✓		ē.	<u> </u>	0	0	_
(2) Neil Corkery	10									
Treasurer		✓	<u> </u>	✓	<u> </u>		_	30,500	0	
(3) Daniel Casey Secretary	11	1		 						
(4)		<u> </u>		_				0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Name and late Average book, ourses perions is book out with a proposal pro	Part					(6	C)							
Complete this table for your five highest to Part VII, Section A		(A) Name and title	(B) Average	(do not check more than of box, unless person is both officer and a director/trust						(D) Reportable	(E) Reportab	le		
Total from continuation sheets to Part VII, Section A 30,500 0												from		
(15)				or div	nstit	유	₹	鬱	Form	the	organizatio		compen	sation
(15)				rect	Ltio	Ŭ,	를 기원	loyer loyer	ਵੋ			1150)		
(15)				٦	nal t		l oye	T S						
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27			inie,	stee	rustee		ď	oensati					organiz	ations
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)							<u> </u>				-		
(15) (20) (21) (22) (23) (24) (25) 1b Sub-total (25) 1c Total from continuation sheets to Part VII, Section A (25) 1c Total form continuation sheets to Part VII, Section A (25) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Description of services Compensation Section B. Independent Contractors Name and business address Description of services Compensation's tax year. (A) Name and business address Description of services Compensation's tax year. (A) Name and business address Description of services Compensation's tax year. (A) Section B. Independent Contractors (A) Name and business address Description of services Compensation's tax year. (A) Name and business address Description of services Compensation's tax year. (A) Name and business address Description of services Compensation's tax year. (A) Name and business address Description of services Compensation's tax year. (A) Section B. Independent contractors (including but not limited to those list	(16)											\rightarrow		
(29) (20) (29) (20)	(17)													
(20) (21) (22) (23) (24) (25) 1b Sub-total	(18)													
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 'tb and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 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 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Baker Hosteler, 1950 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1950 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #374, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #374, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #374, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #374, San Francisco, CA 94109 Wickers Group, 1819 Polk Street, #374, San Francisco, CA 94109	(19)								-				- · · · · · · · · · · · · · · · · · · ·	
[21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [29] [29] [29														
(22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 30,500 o o organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 CRC, 2750 Eisenhower Avenue, Alexandria, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who											ļ			
(24) (25) 1b Sub-total .														
25 25 30,500 0 0 0 0 0 0 0 0 0	(22)		 											
Sub-total 30,500 0	(23)													
1b Sub-total	(24)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 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 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Creative Design, 25 East Main Street, Rickmond, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who	(25)						_					_		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 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 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC	1b	Sub-total	<u> </u>			Ļ	L	<u>.</u>	<u> </u>	30,500		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 ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0		(
Teportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 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 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (D) (D) (D) (D) (D) (D									<u> </u>					
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services (B) (C) Compensation Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Creative Design, 25 East Main Street, Richmond, VA 23219 ad buy \$288,33 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 Did the organization and other compensation from the organization or individual (C) Compensation \$3	2			to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000) of	
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 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 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 ad buy \$774,600 Creative Design, 25 East Main Street, Richmond, VA 23219 ad buy \$288,33 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 Dotal number of Independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	ficer, direc	tor. c	r tr	uste	3 0 .	kev e	mn	olovee or high	est compe	nsate		res No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	_	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	ividi	ıal					3	✓
5 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	4													
for services rendered to the organization? If "Yes," complete Schedule J for such person														✓
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (Description of services (C) (Compensation (Description of services (C) (C) (Compensation (Description of services (Descript	5										zation or inc	lividua 		✓
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services (Compensation Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Greative Design, 25 East Main Street, Richmond, VA 23219 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 Total number of independent contractors (including but not limited to those listed above) who	Section													
year. (A) Name and business address Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Creative Design, 25 East Main Street, Richmond, VA 23219 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who	1													
Name and business address Baker Hosteler, 1050 Connecticut Avenue, NW, Washington, DC 20036 Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Creative Design, 25 East Main Street, Richmond, VA 23219 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who			Jort Compe			JI (I		alenu	ar y	rear ending wit	or within	me or	Janization	1 S tax
Wickers Group, 1819 Polk Street, #373, San Francisco, CA 94109 Creative Design, 25 East Main Street, Richmond, VA 23219 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who			ress								ervices			ion
Creative Design, 25 East Main Street, Richmond, VA 23219 Revolution Media, 1010 Princess Street, Alexandria, VA 22314 CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who					36									\$112,003
Revolution Media, 1010 Princess Street, Alexandria, VA 22314 CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 2 Total number of independent contractors (including but not limited to those listed above) who				שט										
CRC, 2760 Eisenhower Avenue, Alexandria, VA 22314 public relations \$104,210 2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who		2760 Eisenhower Avenue, Alexandria, VA 223	114						pul	blic relations				\$104,216
received more than \$100,000 of compensation from the organization >		Total number of independent contractor	rs (includir						th	ose listed ab	ove) who			

Part	VIII	Statement of Reve	enue	-					
		Check if Schedule C	contains	a res	oonse or note to	any line in this	Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s	1a					
Grants	b	Membership dues .		1b					
s, c	С	Fundraising events .		1c					
Gifts, ilar An	d	Related organizations	3	1d					
is, (e	Government grants (cor	ntributions)	1e					
tior s s	f	All other contributions, g							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not in			5,775,000				
d d	g	Noncash contributions inclu							
	h	Total. Add lines 1a-1	<u>f.</u>			5,775,000			
					Business Code				
Program Service Revenue	2a								
č	b								
ξ	C			-					
Se	d								
Eg.	e								
<u>g</u>	†	All other program ser							
	3	Total. Add lines 2a-2 Investment income							
	3	and other similar amo							
	4	Income from investmen	•		į.				
	5			-					
		Royalties	(i) Real	<u>· · · · </u>	(II) Personal		_		
	6a	Gross rents	. ,,		(7)				
	Ь	Less: rental expenses	_						
	C	Rental income or (loss)							
	d	Net rental income or			>	. 1			
	7a	Gross amount from sales of	(i) Securit		(ii) Other				
		assets other than inventory			-				
	b	Less: cost or other basis							
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss) .			>				
enne	8a	Gross income from fu	undraising						
Other Reve		events (not including \$ of contributions reported See Part IV, line 18							
£	_								
δ	ı	Less: direct expenses Net income or (loss) f			events . ►				
		Gross income from ga			events .				
	"	See Part IV, line 19 .							
	ь								
	C	A1-11: // \ / \			vities .				
	_	Gross sales of in	_	_	1,1,100				
	'''	returns and allowance							
	ь	Less: cost of goods s		_					
		Net income or (loss) f			entory ►				
		Miscellaneous F	-		Business Code				
	11a								
	ь								·
	С	,					-		
	d	All other revenue .							
	e	Total. Add lines 11a-			<u> </u>				
	12	Total revenue. See in	nstructions		▶ [5 775 000			

	Statement of Functional Expenses	All Al	II - 41		(4)
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			must complete colu	mn (A).
	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	Se or note to any lin (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in	3,170,000	3,170,000	general expenses	expenses_
3	the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the				
4 5	United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	30,500	0	30,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	30,300		30,300	
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management Legal	169,180 387,048	346,664	169,180 40,384	(
c d e	Accounting	2,500	0	2,500	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	481,997	481,997	0	
12	Advertising and promotion	1,503,540	1,503,540		
13	Office expenses	19,964	0	19,964	
14	Information technology [3,074	3,074	0	
15	Royalties				
16	Occupancy	9,488	0	9,488	
17 18	Travel	26,927	26,927	0	
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,406	0	1,406	
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					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,805,624	5,532,202	273,422	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation. Check here ► ☐ if				

P	art X	Balance Sheet			
\equiv		Check if Schedule O contains a response or note to any line in this Pai			<u>. </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	40,752		10,127
Assets	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			··
	6	Complete Part II of Schedule L		5_	
		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	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities	<u>-</u>	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14 15	Intangible assets		14 15	
	16	Other assets. See Part IV, line 11	40.750		40.407
	17	Accounts payable and accrued expenses	40,752	17	10,127
	18	Grants payable		18	
	19	Deferred revenue		19	
Liabilities	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	·	21	
	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	· · · · · · · · · · · · · · · · · · ·		
		of Schedule D	·	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	40,762	27	10,127
	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
r Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	40,752		10,127
_	34	Total liabilities and net assets/fund balances	40,752	34	10,127
					Form 990 (2013)

	WILD WEST CALLS			
Par				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	 	5,775,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,805,624
3	Revenue less expenses. Subtract line 2 from line 1	3		(30,624)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,752
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(1)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		10,127
Part	XII Financial Statements and Reporting	_		, ,
	Check if Schedule O contains a response or note to any line in this Part XII			🗆
				Yes No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or		
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	✓
	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 or			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		
	the Single Audit Act and OMB Circular A-133?		3a	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	
			Ford	n 990 (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

vame	of organization			Employer iden	tification number
	al Crisis Network				20-2303252
_		e organization is exempt unde			organization.
1		the organization's direct and indire			
2					1,488,639
3	Volunteer hours			· · · · · · · .	0
Dari	I-B Complete if the	e organization is exempt unde	er section 501/c	-1(3)	
1		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					Tyes No
b					
		e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1		tly expended by the filing organiz			(-)(-)
				•	1,238,639
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
		ivities			250,000
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			\$	1,488,639
4	Did the filing organization	n file Form 1120-POL for this year?	? . <i></i> .	- 	Yes 🗸 No
5	Enter the names, address	ses and employer identification num	nber (EIN) of all se	ection 527 political organia	zations to which the filing
	organization made payme	ents. For each organization listed, e	enter the amount p	paid from the filing organi	zation's funds. Also enter
		ontributions received that were pror			
	as a separate segregated	I fund or a political action committe	e (PAC). If addition	nal space is needed, provi	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-7		(-,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization if
					none, enter -0-
(1) R	epublican Attorneys	1747 Pennsylvania Ave NW #800			
G	eneral Association	Washington, DC 20006	46-4501717	\$250,000	\$0
(2)					
					
(3)					
					
(4)		<u> </u>			
(5)					
					
(5)					

SCIII	ELUIS C (FOITH 990 OF 990-EZ) 2013					Page a
Pa	rt II-A Complete if the organization section 501(h)).	n is exempt (under section 5	01(c)(3) and file	d Form 5768 (ele	
A	Check ► ☐ if the filing organization bel name, address, EIN, exper	ongs to an at	filiated group (ar	nd list in Part IV o	each affiliated gro	oup member's
В	Check ▶ ☐ if the filing organization che	ecked box A	and "limited con	trol" provisions a	apply.	
	Limits on Lobb	ying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.	.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	/ing)		
	b Total lobbying expenditures to influence	•		•		
	c Total lobbying expenditures (add lines 1a	a and 1b) .				<u> </u>
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter t	the amount fi	om the following	table in both		
	columns.		·	_		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	_	15% of the excess	over \$500.000.		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	1 -	5% of the excess o			
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	% of line 1f)				<u>-</u> -
	h Subtract line 1g from line 1a. If zero or le					
	i Subtract line 1f from line 1c. If zero or les	ss, enter -0-				
	If there is an amount other than zero reporting section 4911 tax for this year?			the organization		☐ Yes ☐ No
		ar Averaging l de a section 5	Period Under Sec 01(h) election do	ction 501(h) not have to com	plete all of the five	
	Lobbying	Expenditures	During 4-Year A	veraging Period	-	
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures	-				

or e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	iption of the lobbying activity.	Yes	No	Δ.	moun	ıt
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 1))?	-	 			
C	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?		1			
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?		1			
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					
C	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),	or se	ction		
					Yes	1
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	┺
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	┺
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u> </u>	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members) Par	t III-A,	line	3, i
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
Ь	Carryover from last year		2b			
C	Total		2c	ļ		
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	/ing	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			_
Dox	IV Supplemental Information	•		L		_
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	up lis	t): Pa	rt II-A.	line 2	: ar
	B, line 1 Also, complete this part for any additional information.		,,, . u			,
Provid	2, mo i 7 aco, complete the parties any additional information.					
Provid	2, mo 1 7 kgc, complete the part of any additional morniagon.					
Provid	2, me i 7,00, complete une par lei any additional information.					
Provid Part II	A Line 1 Manay provided for Section 527 exempt function activities					
Provid Part II	A, Line 1, Money provided for Section 527 exempt function activities.					
Provid Part II	A Line 1 Manay provided for Section 527 exempt function activities					
Provid Part II	A Line 1 Manay provided for Section 527 exempt function activities					
Provid Part II	A Line 1 Manay provided for Section 527 exempt function activities					
Provid Part II	A Line 1 Manay provided for Section 527 exempt function activities					
Provid Part II	A Line 1 Manay provided for Section 527 exempt function activities					
Provident II	A Line 1 Manay provided for Section 527 exempt function activities					
Provident II	A Line 1 Manay provided for Section 527 exempt function activities					

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

2013

OMB No 1545-0047

Open to Publ

Employer identification number

20-2303252

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. **%**□ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

General Information on Grants and Assistance

Udicial Crisis Network

Department of the Treasury Internal Revenue Service Name of the organization

	ا بعدالمامانية بالعدال	2	المال محرث والمال	onden og ime i	בי מקווסמים וו מממווסו ומו	שטים ופו השפים.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Future Fund							
400 Locust #300 Des Moines Iowa	26-0620554	501c4	\$1,350,000	\$0	\$0 n/a	n/a	general operations
(2) Missouri Forward Alliance							
122 E High #200 Jefferson City 65101	26-1798608	501c4	\$50,000	\$0	\$0 n/a	n/a	general operations
(3) True the Vote							
PO Box 27378 Houston TX 77227	27-2860095	501c3	\$125,000	\$0	\$0 n/a	n/a	general operations
(4) State Government Leadership							
1201 F St #675 Washington DC 20004	20-0505849	501c4	\$100,000	\$0	\$0 n/a	n/a	general operations
(5) American Dream Initiative							
717 King S #300 Alexandria VA 22314	46-2767395	501c4	\$250,000	\$0	\$0 n/a	n/a	general operations
(6) Arizona Public Integrity Alliance							
PO Box 30111 Mesa AZ 85275	46-0793813	501c4	\$410,000	\$0	\$0 n/a	n/a	general operations
(7) Strong Economy Growth Fund							
161 Essex St Lynnfield MA 01940	46-1921613	501c4	\$35,000	\$0	\$0 n/a	n/a	general operations
(8) Illinois Opportunity Project							
208 S LaSalle #1670 Chicago 60604	27-3627386	501c4	\$250,000	\$0	\$0 n/a	n/a	general operations
(9) Illinois Policy Network							
190 S LaSalle #1630 Chicago IL 60603	46-1827418	501c4	\$250,000	\$0 n/a		n/a	general operations
(10) Rule of Law Project							
PO Box 3562 Arlington VA 22203	46-5189296	501c4	\$100,000	\$0 n/a		n/a	general operations
(11) Republican AG Association							
1747 PA Ave NW #800 DC 20006	46-4501717	527	\$250,000	\$0 n/a		n/a	general operations
(12)							
2 Enter total number of section 501(c)(3) and government org	501(c)(3) and gov	ernment organiza	janizations listed in the line 1 table	ne 1 table			

Schedule I (Form 990) (2013)

Cat No 50055P

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Fo	Schedule I (Form 990) (2013)	20-2303252	Ъ
Part III	Grants and Othe	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Part III can be du	Part III can be duplicated if additional space is needed.	

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
3						
4						
5						
9						
7						
art IV	art IV Supplemental Information. Provide the infor	the information i	equired in Part I, lin	e 2, Part III, column	rmation required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.

Part I, Line 2: The Organization that receives the grant acknowledges the terms of the grant. The Judicial Crisis Network monitors compliance with the terms of the grant

during the grant period.

Schedule I (Form 990) (2013)

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.

20**13**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Judicial Crisis Network	20-2303252				
Form 990, Part VI, Section B,Line 11b: The Form 990 and schedules were prepared by an independent	CPA. It is reviewed by officers and				
directors. Comments are addressed before filing with IRS.					
Form 990, Part VI, Section B, Line 12: Officers and directors read and attest to conflict of interest polic	y annually.				
Form 990, Part VI, Section B, Line 15: Compensation of Treasurer is reviewed and approved annually b	y the Board. The compensation is				
based on performance and available data on compensation of similar Organizations.					
Form 990, Part VI, Section C, Line 19: The articles of incorporation are available from the Virginia State	Corporation Commission, and as an				
attachment to Form 1024. Other governing documents are not available to the public.					