

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: STATE LAW RESOURCES INC  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1800 M STREET NW  
 City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20036

**D** Employer identification number: 56-2121966  
**E** Telephone number: (202) 495-3120  
**G** Gross receipts \$ 300,139

**F** Name and address of principal officer:  
 1800 M STREET NW 400S  
 WASHINGTON, DC 200365878

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.STATELAW.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1999 **M** State of legal domicile: DC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 TO PROVIDE A NETWORK THAT ALLOWS MEMBERS TO SERVE THEIR CLIENTS IN THE UNITED STATES OF AMERICA AND WORLDWIDE AND DEVELOP NEW CLIENTS AND NEW BUSINESS FOR MEMBERS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|                                                                                        |           |    |
|----------------------------------------------------------------------------------------|-----------|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 16 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 16 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 16 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | <b>7b</b> |    |

|                                                                                             | Prior Year | Current Year |
|---------------------------------------------------------------------------------------------|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      |            | 0            |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 295,650    | 299,663      |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 414        | 476          |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          |            | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 296,064    | 300,139      |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  |            | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |            | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |            | 0            |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |            | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 263,142    | 247,166      |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 263,142    | 247,166      |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 32,922     | 52,973       |

|                                                                      | Beginning of Current Year | End of Year |
|----------------------------------------------------------------------|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 212,349                   | 245,327     |
| <b>21</b> Total liabilities (Part X, line 26)                        | 30,157                    | 10,162      |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 182,192                   | 235,165     |

## Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
 Signature of officer: ERIN MURPHY Executive Dir.  
 Date: 2020-07-01  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: BARNES GIVENS & BARNES  
 Preparer's signature: [Signature]  
 Date: [Date]  
 Check  if self-employed  
 PTIN: P00399658  
 Firm's EIN: ▶ 36-2716239  
 Firm's address: ▶ 200 E Evergreen Ave STE 117  
 Mount Prospect, IL 600563240  
 Phone no. (224) 764-2442

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO PROVIDE A NETWORK THAT ALLOWS MEMBERS WHO SERVE THEIR CLIENTS IN THE UNITED STATES OF AMERICA AND WORLDWIDE TO INTERACT FOR THE PURPOSES OF FACILITATING CLIENT REFERRALS, ENHANCING VALUE OF SERVICE TO CLIENTS OF MEMBERS AND DEVELOPING NEW CLIENTS AND NEW BUSINESS FOR MEMBERS. TO ORGANIZE AND CONDUCT SEMINARS AND MEETINGS OF THE MEMBERS TO PROVIDE A BETTER UNDERSTANDING OF THE PROBLEMS FACING THE STATE GOVERNMENT AFFAIRS CLIENTS OF THE INDIVIDUAL MEMBERS. TO PROVIDE A FORUM FOR THE DISCUSSION OF PROBLEMS AND TO EXCHANGE IDEAS AND MUTUAL ASSISTANCE WITH RESPECT TO SERVING STATE GOVERNMENT AFFAIRS CLIENTS, AND TO PROMOTE THE BENEFITS OF WORKING WITH EXPERIENCED STATE GOVERNMENT AFFAIRS PROFESSIONALS WHO ARE IN A MULTI-STATE NETWORK.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

|            |                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                                                                                         |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                                                                                                                              |     | No |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                                                                                                    |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                               |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                                  |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                                                                                                 |     |    |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                                               |     |    |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                                         |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b>  | 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):                                                                                                                                                                                                      |     |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                              |     | No |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                                                                                   |     | No |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                                     |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                                                                                          |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                          |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                                                                                                |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                                                                                              |     | No |
| <b>33</b>  | 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>                                                                                                                                                                                              |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                                                                                          |     | No |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                            |     | No |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                                                                 |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                                                                                                   |     |    |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                                                                                                                     |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                       | Yes |    |

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

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

|           |                                                                                                                                                                    | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             |     |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          |     |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | Yes |    |



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ASSOC MANAGEMENT STRATEGIES 1800 M STREET NW 400S WASHINGTON, DC 20036 (202) 530-5910

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

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

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

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

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

| (A)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Charles Soltan<br>.....<br>Chair & Pres   | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Derrick Smith<br>.....<br>Vice Chair/Pres | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Matthew O'Connor<br>.....<br>Treasurer    | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Michael Biberstine<br>.....<br>Secretary  | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) David Levy<br>.....<br>Past President     | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Kurt Oneto<br>.....<br>Director           | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Susan Fisher<br>.....<br>Director         | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Meghan Conrad<br>.....<br>Director        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Brian Jordan<br>.....<br>Director         | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Marnie George<br>.....<br>Director       | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Daniel Furman<br>.....<br>Director       | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Alyssa Moir<br>.....<br>Director         | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) Jeffery Stuckey<br>.....<br>Director     | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) Edward Watson<br>.....<br>Director       | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) Kevin Murray<br>.....<br>Director        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) Denise Dragoo<br>.....<br>Director       | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) ERIN MURPHY<br>.....<br>Executive Dir.   | 15.00<br>.....<br>0.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |



**Part VIII Statement of Revenue**

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

|                                                                               |                                                                                                                                              |                                                                 | (A)<br>Total revenue                                  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                 | <b>1a</b> Federated campaigns . . . . .                                                                                                      | <b>1a</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>b</b> Membership dues . . . . .                                                                                                           | <b>1b</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>c</b> Fundraising events . . . . .                                                                                                        | <b>1c</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>d</b> Related organizations . . . . .                                                                                                     | <b>1d</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>e</b> Government grants (contributions) . . . . .                                                                                         | <b>1e</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .                                            | <b>1f</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .                                                                       | <b>1g</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                    |                                                                 |                                                       | 0                                                  |                                         |                                                                    |  |
| <b>Program Service Revenue</b>                                                | <b>2a</b> FALL & SPRING MEETINGS                                                                                                             | Business Code                                                   |                                                       | 64,274                                             | 64,274                                  |                                                                    |  |
|                                                                               | <b>b</b> Membership Dues & Assessments                                                                                                       |                                                                 |                                                       | 233,000                                            | 233,000                                 |                                                                    |  |
|                                                                               | <b>c</b> OTHER                                                                                                                               |                                                                 |                                                       | 2,389                                              | 2,389                                   |                                                                    |  |
|                                                                               | <b>d</b>                                                                                                                                     |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>e</b>                                                                                                                                     |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>f</b> All other program service revenue.                                                                                                  |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               | <b>g Total.</b> Add lines 2a-2f. . . . .                                                                                                     |                                                                 | 299,663                                               |                                                    |                                         |                                                                    |  |
| <b>Other Revenue</b>                                                          | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .                                              |                                                                 |                                                       | 476                                                |                                         | 476                                                                |  |
|                                                                               | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .                                                                        |                                                                 |                                                       | 0                                                  |                                         |                                                                    |  |
|                                                                               | <b>5</b> Royalties . . . . .                                                                                                                 |                                                                 |                                                       | 0                                                  |                                         |                                                                    |  |
|                                                                               | <b>6a</b> Gross rents                                                                                                                        | <b>6a</b>                                                       | (i) Real                                              |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | (ii) Personal                                         |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | <b>b</b> Less: rental expenses                        | <b>6b</b>                                          |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | <b>c</b> Rental income or (loss)                      | <b>6c</b>                                          |                                         |                                                                    |  |
|                                                                               | <b>d</b> Net rental income or (loss) . . . . .                                                                                               |                                                                 |                                                       | 0                                                  |                                         |                                                                    |  |
|                                                                               | <b>7a</b> Gross amount from sales of assets other than inventory                                                                             | <b>7a</b>                                                       | (i) Securities                                        |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | (ii) Other                                            |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | <b>b</b> Less: cost or other basis and sales expenses | <b>7b</b>                                          |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | <b>c</b> Gain or (loss)                               | <b>7c</b>                                          |                                         |                                                                    |  |
|                                                                               | <b>d</b> Net gain or (loss) . . . . .                                                                                                        |                                                                 |                                                       | 0                                                  |                                         |                                                                    |  |
|                                                                               | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>                                                       |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              |                                                                 | <b>b</b> Less: direct expenses . . . . .              | <b>8b</b>                                          |                                         |                                                                    |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |                                                                                                                                              |                                                                 |                                                       |                                                    | 0                                       |                                                                    |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . | <b>9a</b>                                                                                                                                    |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              | <b>b</b> Less: direct expenses . . . . .                        | <b>9b</b>                                             |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              | <b>c</b> Net income or (loss) from gaming activities . . . . .  |                                                       |                                                    | 0                                       |                                                                    |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    | <b>10a</b>                                                                                                                                   |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              | <b>b</b> Less: cost of goods sold . . . . .                     | <b>10b</b>                                            |                                                    |                                         |                                                                    |  |
|                                                                               |                                                                                                                                              | <b>c</b> Net income or (loss) from sales of inventory . . . . . |                                                       |                                                    | 0                                       |                                                                    |  |
| <b>11a</b> Miscellaneous Revenue                                              | Business Code                                                                                                                                |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
| <b>b</b>                                                                      |                                                                                                                                              |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
| <b>c</b>                                                                      |                                                                                                                                              |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
| <b>d</b> All other revenue . . . . .                                          |                                                                                                                                              |                                                                 |                                                       |                                                    |                                         |                                                                    |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |                                                                                                                                              |                                                                 | 0                                                     |                                                    |                                         |                                                                    |  |
| <b>12 Total revenue.</b> See instructions . . . . .                           |                                                                                                                                              |                                                                 | 300,139                                               | 299,663                                            |                                         | 476                                                                |  |

**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 or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                             | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                           | 0                            |                                        |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                                                                | 0                            |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                | 0                            |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                       | 0                            |                                        |                                               |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                  | 0                            |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                       | 0                            |                                        |                                               |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                            | 0                            |                                        |                                               |                                    |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                 | 0                            |                                        |                                               |                                    |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                     | 96,000                       |                                        |                                               |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                          | 0                            |                                        |                                               |                                    |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                     | 5,725                        |                                        |                                               |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                       | 0                            |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  | 0                            |                                        |                                               |                                    |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                     | 0                            |                                        |                                               |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                               | 0                            |                                        |                                               |                                    |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                     | 0                            |                                        |                                               |                                    |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                               | 287                          |                                        |                                               |                                    |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                     | 0                            |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                     | 0                            |                                        |                                               |                                    |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                        | 6,134                        |                                        |                                               |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                | 0                            |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                     | 8,220                        |                                        |                                               |                                    |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                     | 1,421                        |                                        |                                               |                                    |
| <b>24</b> 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.)                                       |                              |                                        |                                               |                                    |
| <b>a</b> Accommodations and meals                                                                                                                                                                                                                 | 75,384                       |                                        |                                               |                                    |
| <b>b</b> Panelists                                                                                                                                                                                                                                | 11,810                       |                                        |                                               |                                    |
| <b>c</b> POSTAGE & PRINTING                                                                                                                                                                                                                       | 8,242                        |                                        |                                               |                                    |
| <b>d</b> Dues & subscriptions                                                                                                                                                                                                                     | 7,983                        |                                        |                                               |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 25,960                       |                                        |                                               |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 247,166                      | 0                                      | 0                                             | 0                                  |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

**Part X Balance Sheet**

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

|                                                                               |                                                                                                                                                                                                                                | (A)<br>Beginning of year |            | (B)<br>End of year |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                 | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 95,288                   | <b>1</b>   | 140,340            |
|                                                                               | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      | 73,897                   | <b>2</b>   | 74,373             |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          |                          | <b>3</b>   | 0                  |
|                                                                               | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    | 654                      | <b>4</b>   | 487                |
|                                                                               | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>   | 0                  |
|                                                                               | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                           |                          | <b>6</b>   | 0                  |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>   | 0                  |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 |                          | <b>8</b>   | 0                  |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 8,260                    | <b>9</b>   | 4,097              |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                 | <b>10a</b>               |            |                    |
|                                                                               | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | <b>10b</b>               | <b>10c</b> | 0                  |
|                                                                               | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     |                          | <b>11</b>  | 0                  |
|                                                                               | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |                          | <b>12</b>  | 0                  |
|                                                                               | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |                          | <b>13</b>  | 0                  |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          | 34,250                   | <b>14</b>  | 26,030             |
|                                                                               | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |                          | <b>15</b>  | 0                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 212,349                                                                                                                                                                                                                        | <b>16</b>                | 245,327    |                    |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 5,802                    | <b>17</b>  | 4,162              |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             |                          | <b>18</b>  |                    |
|                                                                               | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           | 24,355                   | <b>19</b>  | 6,000              |
|                                                                               | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b>  |                    |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b>  |                    |
|                                                                               | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>  |                    |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |                          | <b>23</b>  |                    |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |                          | <b>24</b>  |                    |
|                                                                               | <b>25</b> 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                                              |                          | <b>25</b>  |                    |
|                                                                               | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                 | 30,157                   | <b>26</b>  | 10,162             |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |            |                    |
|                                                                               | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 182,192                  | <b>27</b>  | 235,165            |
|                                                                               | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         |                          | <b>28</b>  |                    |
|                                                                               | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |            |                    |
|                                                                               | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b>  |                    |
|                                                                               | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |                          | <b>30</b>  |                    |
|                                                                               | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |                          | <b>31</b>  |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 182,192                                                                                                                                                                                                                        | <b>32</b>                | 235,165    |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 212,349                                                                                                                                                                                                                        | <b>33</b>                | 245,327    |                    |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |         |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 300,139 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 247,166 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 52,973  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 182,192 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |         |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  |         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 235,165 |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                                  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes |    |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      |     | No |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                               | Yes |    |
| <b>3a</b> | 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?                                                                                                                                                                                                                                                                             |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                                |     |    |

## Additional Data

**Software ID:** 19009920

**Software Version:** 2019v5.0

**EIN:** 56-2121966

**Name:** STATE LAW RESOURCES INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

BOARD AND CHAIR - PROGRAM CONSISTS OF BOARD AND CHAIRMAN ACTIVITIES, INCLUDING EXPENSES ASSOCIATED WITH BOARD MEETINGS, ALL COMMITTEE TELECONFERENCES, TRAVEL REIMBURSEMENT FOR THE CHAIR AND GIFTS OF APPRECIATION FOR OUTGOING BOARD MEMBERS.

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**Form 990, Part III, Line 4b:**

MEMBERSHIP AND MEETINGS - FALL AND SPRING MEETING ACTIVITIES ARE INCLUDED IN THIS PROGRAM. THE PURPOSE OF THESE MEETINGS ARE NETWORKING AND BUSINESS DEVELOPMENT FOR MEMBERS. SLR MEMBER CLIENTS ARE INVITED TO ATTEND THESE MEETINGS AND INFORM THE GROUP ABOUT THEIR COMPANIES/ORGANIZATIONS AND ANY LEGISLATIVE/LEGAL NEEDS THAT THEY MAY HAVE.

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**Form 990, Part III, Line 4c:**

MARKETING AND COMMUNICATIONS - INTERNAL AND EXTERNAL MARKETING ACTIVITIES ARE INCLUDED IN THIS PROGRAM, INCLUDING SPONSORSHIPS, DEVELOPMENT OF MARKETING/MEMBERSHIP MATERIALS/DIRECTORY, SOCIAL MEDIA AND CLIENT/NEW BUSINESS DEVELOPMENT. REGIONAL MEETINGS ARE ALSO INCLUDED IN THE PROGRAM. THE GOAL OF MARKETING AND COMMUNICATIONS IS TO INCREASE SLR'S BRAND AWARENESS AND BROADEN THE REACH OF OUR MEMBERS TO POTENTIAL NEW CLIENTS AND BUSINESS. SLR ALSO MARKETS INTERNALLY TO SLR MEMBER FIRMS IN ORDER TO MAKE MORE EMPLOYEES OF MEMBER FIRMS AWARE OF SLR AND ITS MISSION.

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**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on 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" on 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.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>STATE LAW RESOURCES INC | Employer identification number<br>56-2121966 |
|-----------------------------------------------------|----------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                             |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     |    |        |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                     |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     |    |        |
| <b>i</b> Other activities? .....                                                                                                                                                                                                       |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                          |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |        |
| <b>d</b> 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)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
STATE LAW RESOURCES INC

**Employer identification number**  
56-2121966

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

## Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                      | Held at the End of the Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                                   | Amount |
|---------------------------------------------------|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                        |               |    |
|--------------------------------------------------------------------------------------------------------|---------------|----|
|                                                                                                        | Yes           | No |
| <b>(i)</b> unrelated organizations . . . . .                                                           | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .                                                            | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .        |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .    |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .    |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .        |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                       |                |                                                              |
| (2) Closely-held equity interests . . . . .                               |                |                                                              |
| (3) Other _____                                                           |                |                                                              |
| (A)                                                                       |                |                                                              |
| (B)                                                                       |                |                                                              |
| (C)                                                                       |                |                                                              |
| (D)                                                                       |                |                                                              |
| (E)                                                                       |                |                                                              |
| (F)                                                                       |                |                                                              |
| (G)                                                                       |                |                                                              |
| (H)                                                                       |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |                                                              |

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                            | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                      |                |                                                              |
| (2)                                                                      |                |                                                              |
| (3)                                                                      |                |                                                              |
| (4)                                                                      |                |                                                              |
| (5)                                                                      |                |                                                              |
| (6)                                                                      |                |                                                              |
| (7)                                                                      |                |                                                              |
| (8)                                                                      |                |                                                              |
| (9)                                                                      |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |                                                              |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1)                                                                      |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                 |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) |                |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |  |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:** 19009920

**Software Version:** 2019v5.0

**EIN:** 56-2121966

**Name:** STATE LAW RESOURCES INC

## Supplemental Information

| Return Reference        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part X : FIN48 Footnote | THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (6) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION DID NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEAR ENDED DECEMBER 31, 2019. THE ORGANIZATION HAS ADOPTED THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ASC TOPIC ON INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2019, AND DETERMINED THAT THERE WERE NO MATERIAL MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2019, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2016 THROUGH 2018 REMAINS OPEN WITH THE INTERNAL REVENUE SERVICE. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
STATE LAW RESOURCES INC

Employer identification number

56-2121966

**990 Schedule O, Supplemental Information**

| Return Reference                                                                    | Explanation                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 3:<br>Description of Delegated Duties to Management Company | MANAGEMENT COMPANY PROVIDED FACILITIES, STAFFING, AND OTHER MANAGEMENT SERVICES TO THE ORGANIZATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                                                       | <b>Explanation</b>                       |
|-----------------------------------------------------------------------------------------------|------------------------------------------|
| Form 990,<br>Part VI, Line<br>6:<br>Explanation<br>of Classes of<br>Members or<br>Shareholder | MEMBERSHIP IS COMPRISED OF MEMBER FIRMS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                              | <b>Explanation</b>                                                                                                                                                                                                                                         |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b: Form 990 Review Process | ORGANIZATION'S INDEPENDENT PUBLIC ACCOUNTANTS PREPARE A DRAFT OF FORM 990 AND REVIEW IT WITH THE EXECUTIVE DIRECTOR. THEN, FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND AUDIT COMMITTEE WHO GIVE THE FINAL APPROVAL PRIOR TO FILING IT WITH THE IRS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                                                                  | <b>Explanation</b>                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c:<br>Explanation<br>of Monitoring<br>and<br>Enforcement<br>of Conflicts | ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD OF DIRECTORS AND OFFICERS SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY, AND SHALL COMPLETE AND SIGN THE ACKNOWLEDGEMENT AND DISCLOSURE FORM. THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF THE ORGANIZATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                                                                                 | <b>Explanation</b>                                          |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>18:<br>Explanation<br>of Other<br>Means<br>Forms<br>Available For<br>Public<br>Inspection | OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE PUBLIC. |

# 990 Schedule O, Supplemental Information

| Return Reference                                                            | Explanation                           |
|-----------------------------------------------------------------------------|---------------------------------------|
| Form 990, Part VI, Line 19: Other Organization Documents Publicly Available | No documents available to the public. |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                               |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Ad Hoc expense: Column (A) - Total = \$2087; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                             |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Audio Visual: Column (A) - Total = \$6063; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                                 |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Board & chairman: Column (A) - Total = \$5878; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                          |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Donations: Column (A) - Total = \$5000; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                                    |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Licenses and Permits: Column (A) - Total = \$900; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                         |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Marketing: Column (A) - Total = \$165; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                              |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Miscellaneous: Column (A) - Total = \$2248; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                           |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Telephone : Column (A) - Total = \$1434; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation                                                                                                                                                    |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, Line 24e: Other Expenses | Website Maintenance: Column (A) - Total = \$2185; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0 |