Public Inspection Copy

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For th	ne 2017 calendar year, or tax year beginning and end	ing		
В	Check i	AMERICAN CONSTITUTION SOCIETY FOR	D Employer	identific	ation number
2	Addi	ess LAW & POLICY			
	Nam chan	e Doing business as		52-23	13694
	Initia retur		m/suite E Telephone		
	Final	1999 T. STOPERT NW 201		(202)	393-6181
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipt		6,405,050.
	Ame	nded MACHINGMON DC 20036	H(a) Is this a		
	Appl			rdinates?	
	pend	SAME AS C ABOVE	l l		hided? Yes No
\overline{T}	Tax-ex	xempt status: X 501(c)(3)			st. (see instructions)
		ite: WWW.ACSLAW.ORG	H(c) Group e		•
					State of legal domicile: DC
	art I		0. (0.111420)). (-	181	outo or logal abilitoto, a o
	1	Briefly describe the organization's mission or most significant activities: THE AMI	ERICAN CONS	TITUT	ION
Governance	Ι΄.	SOCIETY FOR LAW AND POLICY (ACS) PROMOTES	HE VITALIT	Y OF	THE U.S.
ᇛ	2	Check this box if the organization discontinued its operations or disposed of			
Š	3				36
g	4	Number of independent voting members of the governing body (Part VI, line 1b)			35
eජ හ	5	Total number of individuals employed in calendar year 2017 (Part V, line 1a)		~	57
Activities &	5				0
¥.	7.0	Total number of volunteers (estimate if necessary)		7a	0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	, D	Net unrelated business taxable income from Form 990-T, line 34			Current Year
	8	Contributions and quarte (Bost VIII line 1h)	Prior Year 5,896,		5,578,738.
Revenue	9	Contributions and grants (Part VIII, line 1h)	600		793,417.
Ş	-	Program service revenue (Part VIII, line 2g)		776.	17,812.
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		926.	15,083.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,405,050.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			69,609.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	`	0.	09,009.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			3,703,443.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. 3,104,	0.	3,703,443.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 589,183.		0.	<u> </u>
Ä				2.40	2,118,068.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			5,891,120.
_ 63	19	Revenue less expenses. Subtract line 18 from line 12			513,930.
ts or			Beginning of Curre		End of Year
SSe	20	Total assets (Part X, line 16)	5,663,		6,315,292.
Net Assets Fund Balar	21	Total liabilities (Part X, line 26)	255,		392,700.
		Net assets or fund balances. Subtract line 21 from line 20	5,408,	002.	5,922,592.
_	rt II	Signature Block			
		atties of perjury, I declare that I have examined this return, including accompanying schedules and		-	nowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer has any knowled	~	
		See attached 8579-FD-65 Signature	Poto	116118	<u> </u>
Sign	1	Signature of officer	Date		
Her	e	CAROLINE FREDRICKSON, PRESIDENT			
		Type or print name and title	1 Data		LL STOL
		Print/Type preparer's name Preparer's signature		Check	PTIN
Paid		HOLLY CAPORALE HOLLY CAPORALE	03/02/18	self-employed	P00235685
-	1918	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.	C. Firm's	EIN ▶ :	52-1711839
Use	Only	Firm's address 7910 WOODMONT AVE. STE. 500			1 \ 000 0000
_		BETHESDA, MD 20814	Phone	no. (30:	
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2017)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

_		
. 2017.	and ending	

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Name of exempt organization

AMERICAN CONSTITUTION SOCIETY FOR

LAW & POLICY

Employer Identification number

52-2313694

Name and title of officer

CAROLINE FREDRICKSON

PRESIDENT

4 18 Type of Return and Return Information (Whole Dollars Only)

For calendar year 2017, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

		1b		6,405,050.
	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b		
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3 b		
	Form 990-PF check here b Tax based on Investment income (Form 990-PF, Part VI, line 5)	4b		
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	_	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	l authorize	COUNCILOR,	BUCHANAN &	δc	MITCHELL,	P.C.

to enter my PIN

13694

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the o	rganization, Livill enter my PIN as my signature on the organization	I's tax year 2017 electronically filed return. If I have
indicated within this r	rganization. Livil enter my PIN as my signature on the organization return is being filed with a state agency(le	6) regulating charities as part of the IRS Feet/State
program, I will enter г	ny PiN on the return's disclosure consent screen.	
		G111

Officer & signedians

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52689890775 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see Instructions. 728051 10-11-17

Form 8879-EO (2017)

732002 11-28-17

590,544.)

4,745,838.

Total program service expenses

4d Other program services (Describe in Schedule O.)

1,394,718. Including grants of \$

3,000.) (Revenue \$

Form 990 (2017)

LAW & POLICY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	L.	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	110		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		~	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-22
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			47
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2017)

Form 990 (2017)

LAW & POLICY

Part IV Checklist of Required Schedules (continued)

			Yes	No
200	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	168	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	\vdash
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			₩.
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- 1		
	instructions for applicable filing thresholds, conditions, and exceptions):	00.	,	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		_
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		\neg	_
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	

52-2313694 Page 5

I CI	Check if Schedule O contains a response or note to any line in this Part V			
	Charles a contain a response of flore to dry line in the fact of			No.
40	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7/ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
	filled for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	,		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		.	
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\dashv	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	DT /	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	7h	747	Α.
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-	Terroret.	
n	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	\neg	
10	Section 501(c)(7) organizations. Enter:		STEEL STEEL	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		100	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations, Enter:			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		Tec	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	11.		
	Enter the amount of reserves on hand			72
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	0047
		rorm	990 ((11 05,

52-2313694 Page 6

Form 990 (2017) LAW & POLICY 52-2513694 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			u i
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
Ģ	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.	
13	in Schedule O how this was done	12c	X	
14	Did the organization have a written whistleblower policy?	13		X
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	450	X	
	Other officers or key employees of the organization	15a 15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	3 (
	taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C, Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, CA, CT, FL, GA, IL, KS, KY	-	<u> </u>	MI,
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	ciał	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - (202) 393-6181			
	1899 L STREET, NW, NO. 200, WASHINGTON, DC 20036			
22000	11-28-17 SEE SCHEDULE O FOR FULL LIST OF STATES	E	000	20471
レビリロロ	11-70-11 Dam Boundary O LOW LORD HIGH OF BIVING	LOLUI	990 (ZV1/)

Form 990 (2017) 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any related	orga	aniza	ation	cor	mpei	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			((2)			(D)	(E)	(F)
Name and Title	Average	ído	Position do not check more than one ex, unless person is both an efficer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					h an	compensation	compensation	amount of
	week	\vdash	ceran	oao	recit	arrerus	100)	from	from related	other
	(list any	ndividual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	eord	譚			sated		organization (W-2/1099-MISC)	(VV-2/1055-IVII3C)	organization
	organizations	ruste	nstitutional trustee		28	ned L		(44-2) 1033-141100)		and related
	below	dualit	ationa	Ļ	Key employee	ist co	<u>.</u>			organizations
	line)	ndivi	nstitt	Officer	Keye	Highest compensated employee	Former			
(1) DEBO ADEGBILE	1.00									
DIRECTOR		X						0.	0.	0.
(2) CHRISTINA BEELER	1.00		Г	П		П				
DIRECTOR		X						0.	0.	0.
(3) NICOLE BERNER	1.00									
DIRECTOR		X						0.	0.	0.
(4) ELISE BODDIE	1.00							_	_	_
DIRECTOR		X						0.	0.	0.
(5) TIMOTHY BURNS	1.00								_ :	_
DIRECTOR		X						0.	0.	0.
(6) MARK CALIFANO	1.00	_								
DIRECTOR		X					$oxed{}$	0.	0.	0.
(7) ERWIN CHEMERINSKY	1.00									_
DIRECTOR		Х			_		lacksquare	0.	0.	0.
(8) ANDREW DEVORE	1.00									_
DIRECTOR		X	_	ldash	_		_	0.	0.	0.
(9) MICHAEL FARIS	1.00									
DIRECTOR	1 00	X	ldash	\vdash	_		_	0.	0.	0.
(10) JULIE FERNANDES	1.00							_		
DIRECTOR	1 00	X	igspace	\vdash			_	0.	0.	0.
(11) STEVE FINEMAN	1.00							0.	0.	
DIRECTOR	1.00	X	<u> </u>	\vdash	<u> </u>		H	0.	0.	0.
(12) DAVID FREDERICK	1.00	x						0.	0.	0.
DIRECTOR	40.00	_		Н	H	\vdash	H	0.	U .	0.
(13) CAROLINE FREDERICKSON	40.00	x		x				287,038.	0.	19,477.
PRESIDENT	1.00	_	H	_	H		H	201,030.	U .	13,4//.
(14) RUBEN GARCIA DIRECTOR	1.00	X						0.	0.	0.
(15) NANCY GERTNER	1.00	Δ	\vdash	Н	H		\vdash	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.
(16) REUBEN GUTTMAN	1.00	27		\vdash	-		\vdash		0.	<u> </u>
DIRECTOR	1.00	X					ĺ	0.	0.	0.
(17) KEITH HARPER	1.00				_	\vdash	\vdash	-		<u> </u>
DIRECTOR		x						0.	0.	0.
										Farm 990 (2017)

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Form 990 (2017)

CO CONTRIBUTION	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
Compensation Comp	(A)	(B)				-			(D)	(E)		(F)	
Compensation Comp	Name and title	, ,	fdc	not c				one	Reportable	Reportable		Estimated	
Gist any Hours for related organizations Gw2/1096-MISC) Gw2/1096-M			box	r, unle	ss pe	erson	is bot	th an	'	i i	1	amount of	
Companisations Companisation Companisati		1	-	T	luau	I	JI / II GS	T C					
Companisations Companisation Companisati			lirecto				L			, •	CO		Π
SET STATE STATE		1	9 04 0	ag:			sated		, •	(W-2/1099-WIGC)	١,		
SET STATE STATE		organizations	truste	aftrus		99,	Ē		(17 27 1000 111100)			~	
SET STATE STATE			idual	button	 		estco	■					
SET STATE STATE			휼	쁄	景	Key e	青	퉏					
1.00 X	(18) CHRISTOPHER KANG	1.00											
DIRECTOR X 0			X	╙		L	_		0.	0	•	0	١.
Total number of individuals (including but not limited to those listed above) who received more than \$10,000 of compensation from the organization and related organizations greater than \$150,000 of the organization and business address NONE Description of services X X X X X X X X X		1.00	1_										
DIRECTOR (21) BRAD KARIP DIRECTOR (22) STMOTHY LIMITS 1.00 DIRECTOR X 0.0.0.0.0. (23) STMOTHY LIMITS 1.00 DIRECTOR X 0.0.0.0.0. (24) MELISSA MURRAY 1.00 DIRECTOR X 0.0.0.0.0.0. (24) MELISSA MURRAY 1.00 DIRECTOR X 0.0.0.0.0.0. (25) MODIA REZIANYA DIRECTOR X 0.0.0.0.0.0. (26) ROBERT RABEN DIRECTOR X 0.0.0.0.0.0. (27) MODIA REZIANYA DIRECTOR X 0.0.0.0.0.0. (28) MODIA REZIANYA DIRECTOR X 0.0.0.0.0.0. (29) MODIA REZIANYA DIRECTOR X 0.0.0.0.0.0.0. (29) MODIA REZIANYA DIRECTOR X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1 00	X	_		\vdash	┡	_	0.	0	4_	0	١.
DIRECTOR	,	1.00								_		0	
DIRECTOR X 0		1 00	X	_	H		⊢	L	0.	U	-	0	
Case		1.00								_		0	
DIRECTOR X 0		1 00	<u> </u>		H	H		H	0.	U	+		_
C23) WILLIAM MARSHALD 1.00 X 0.00		1.00							_	_	1	n	
DIRECTOR		1 00	^	-	H	H	\vdash		0.	U	+		
1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00	₩.							۸ ا		0	ı
DIRECTOR		1 00	A			-			0.		-		-
25) MGOZI NEZIANYA	, , , , , , , , , , , , , , , , , , , ,		x						0.	n		n	١.
DIRECTOR X 0 . 0 . 0 . 0 . 0		1.00	-	-		Н	\vdash	\vdash	0.		+-		_
1.00 X 0.00 0.0	,		x						0.	ი		n	١.
DIRECTOR		1.00	-	Н		-	\vdash	\vdash			+-		_
1b Sub-total c Total from continuation sheets to Part VII, Section A 705, 276 0.19, 477 705, 276 0.72, 924 1 705 and (add lines 1b and 1c) 2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	DIRECTOR		x						0.	0		0	١.
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	1b Sub-total					_			287,038.				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than										0			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No									992,314.	0	- !	92,401	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than									eceived more than \$100	,000 of reportable			Т
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from unany unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization												7
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than												Yes No	0
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than				e, ke	y en	nplo	yee,	, or I	highest compensated e	mployee on			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	· · · · · · · · · · · · · · · · · · ·										3	X	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than												77	
rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than											4	A	_
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		-				-			_	idual for services		-	,
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		piete Scriedui	eJI	OF SU	icn	oers	ion .				5		-
the organization, Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		mnensated in	dene	ande	nt o	ontr	racto	ne t	hat received more than	\$100 000 of compa		from	_
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than			-								isalioi	THOM	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		ano outoridas y	-	orran	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. **			, our		(C)	_
		address	NO	ONE	G					ervices	Comp	ensation	
								寸					_
								4					_
								\dashv					_
	2 Total number of independent contractors #	naludina but -	at II	m H a	nl to	+lo = :	no II-	****	Laborro) who socies -	are then			
	-	_	UL III	ше	u 10			orag	above) who received in	INTE UIAN			
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2017)			(I)	TU.	TI			HE	EETS		Form	n 990 (201)	7)

Form **990** (2017)

52-2313694

Ca	Part VII Section A. Officers, Directors, 7		mple	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
Name and title			Γ								(F)
Per Week (Status) Week (l e	Estimated
Week		hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
1.00 X		week (list any hours for related organizations	al trustae or director	nal trustee		loyee	compensated employee		the organization	organizations	other compensation from the organization and related organizations
DIRECTOR		line)	Individu	Institutie	Officer	Key emp	Highest	Боттег			
1.00 X	(27) PHILIPPA SCARLETT	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0.
1.00	(28) SHIRA SCHEINDLIN	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0.
30 RICKI SEIDMAN	(29) JUDITH SCOTT	1.00									<u>-</u>
Director X	DIRECTOR		X						0.	0.;	0.
(31) MARC SELTZER	(30) RICKI SEIDMAN	1.00				П					
Director X	DIRECTOR		X						0.	0.	0.
1.00 X	(31) MARC SELTZER	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0.
1.00 X	(32) REVA SIEGEL	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0.
CHAIR	(33) GANESH SITARAMAN	1.00									
CHAIR	DIRECTOR		X						0.	0.	0.
1.00	(34) CLIFF SLOAN	4.00									
Director X	CHAIR		X		X				0.	0.	0.
1.00 X	(35) DAWN SMALLS	1.00									
DIRECTOR X			X						0.	0.	0.
1.00	(36) JESSICA SMITH	1.00									
DIRECTOR X	DIRECTOR		X						0.	0.	0.
(38) DAVID STRAUSS	(37) PAUL SMITH	1.00									
X	DIRECTOR		X						0.	0.,	0.
Carristine varney	(38) DAVID STRAUSS	2.00									
DIRECTOR X	SECRETARY		X		X				0.	0.	0.
Column	(39) CHRISTINE VARNEY	1.00									_
DIRECTOR X	DIRECTOR		X						0.	0.	0.
(41) ADAM WINKLER 1.00 DIRECTOR X (42) THOMAS PAZZI 40.00 CHIEF FINANCIAL OFFICER X (43) BELINDA MACAULEY 40.00 VICE PRESIDENT X (44) KARA STEIN 40.00 VICE PRESIDENT X 154,498. 0.14,9	(40) DON VERILLI	1.00									
DIRECTOR X			X			Щ	Ш		0.	0.	0.
(42) THOMAS PAZZI 40.00 CHIEF FINANCIAL OFFICER X 137,404. 0. 20,8 (43) BELINDA MACAULEY 40.00 X 145,470. 0. 12,7 (44) KARA STEIN 40.00 X 154,498. 0. 14,9		1.00									
CHIEF FINANCIAL OFFICER (43) BELINDA MACAULEY VICE PRESIDENT (44) KARA STEIN VICE PRESIDENT X 137,404. 0. 20,8 X 145,470. 0. 12,7 X 154,498. 0. 14,9			X		Ш	Щ	\Box		0.	0.	0.
(43) BELINDA MACAULEY 40.00 VICE PRESIDENT X 145,470. 0. 12,7 (44) KARA STEIN 40.00 X 154,498. 0. 14,9		40.00							40- 404		
VICE PRESIDENT X 145,470. 0. 12,7 (44) KARA STEIN 40.00 X 154,498. 0. 14,9					Ш	Щ	X		137,404.	0.	20,883.
(44) KARA STEIN 40.00 VICE PRESIDENT X 154,498. 0. 14,9		40.00							4 2 - 4 - 4		4.6 4.4
VICE PRESIDENT X 154,498. 0. 14,9		1000	_				X		145,470.	0.	12,731.
		40.00							454 400		4.4.00=
(45) ZINELLE OCTOBER 40.00		10.00			<u> </u>	Щ	X		154,498.	0.	14,997.
		40.00							405 000		40 044
VICE PRESIDENT X 135,280. 0. 12,0		10.00	\vdash	Щ	Ш	Щ	X		135,280.	0.	12,016.
(46) LINDA PARIS 40.00		40.00							400 606		40 00=
VICE PRESIDENT X 132,624. 0. 12,2	VICE PRESIDENT	1					X		132,624.	0.	12,297.
Total to Part VII, Section A, line 1c 705, 276. 72, 9	Total to Part VII, Section A, line 1c	.,,,,							705,276.		72,924.

LAW & POLICY 52-2313694 Form 990 (2017) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 1f 5,578,738 similar amounts not included above 45,916. g Noncash contributions included in lines 1a-1f: \$,578,738 h Total. Add lines 1a-1f Business Code 575,461 2 a CONVENTION FEES 900099 575,461 Program Service Revenue 217,956. LAWYER CHAPTERS 900099 217,956. All other program service revenue 793,417. Total. Add lines 2a-2f Investment income (including dividends, interest, and 17,812 17,812. other similar amounts) Income from investment of tax-exempt bond proceeds 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 15,083 15,083 d All other revenue 15,083. e Total. Add lines 11a-11d

17,812.

6,405,050.

Total revenue. See instructions.

808,500.

Form 990 (2017)

LAW & POLICY
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-		this Part IX		L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	60 600	60 600		
	individuals. See Part IV, line 22	69,609.	69,609.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	306,515.	296,247.		10 260
_	trustees, and key employees	300,313.	230,247.		10,268
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,852,692.	2,098,087.	385,701.	368,904
8	Pension plan accruals and contributions (include	2,032,032.	2,000,007.	303,701.	300,304
0	section 401(k) and 403(b) employer contributions)	40,813.	29,462.	5,843.	5,508
9	Other employee benefits	273,474.	204,237.	35,159.	34,078
10	Payroll taxes	229,949.	173,979.	28,248.	27,722
11	Fees for services (non-employees):			20,2201	
b		2,590.	1,960.	318.	312
c	Accounting	25,221.	19,082.	3,098.	3,041
d				7,000	0,011
e	Durfamilian I for desiration and desiration of Durfamilian 47			(4)	
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	488,110.	426,050.	24,142.	37,918
12	Advertising and promotion	94,985.	89,873.	88.	5,024
13	Office expenses	179,544.	137,235.	19,164.	23,145
14	Information technology	66,071.	50,666.	7,775.	7,630
15	Royalties				
16	Occupancy	291,994.	221,287.	35,686.	35,021
17	Travel	218,408.	208,012.	1,316.	9,080
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	609,766.	607,226.	1,272.	1,268
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,521.	14,770.	2,398.	2,353
23	Insurance	32,986.	24,957.	4,052.	3,977
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	VIDEOS, TRANSCRIPTS & P	28,194.	28,194.		
b	DUES & SUBSCRIPTIONS	24,349.	23,149.	309.	891
c		,	-,		
d		i	-		
	All other expenses	36,329.	21,756.	1,530.	13,043
25	Total functional expenses. Add lines 1 through 24e	5,891,120.	4,745,838.	556,099.	589,183
 -	Joint costs. Complete this line only if the organization	· · · · · · ·	. , , , , , ,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	İ			

LAW & POLICY

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 570,249. 135,567. Cash - non-interest-bearing 1 2,979,042. 3,760,583. Savings and temporary cash investments 2 2,002,661. 1,996,466. Pledges and grants receivable, net 3 76,639. Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 Inventories for sale or use 8 25,630. 59,983. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 461.542. basis. Complete Part VI of Schedule D ______ 10a 227,619. 65,125. 233,923. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 21,000. 5,663,707. <u>52,131.</u> 15 Other assets, See Part IV, line 11 6,315,292. Total assets, Add lines 1 through 15 (must equal line 34) 16 193,662. 378.244. Accounts payable and accrued expenses 17 17 18 18 Grants payable 14,316. 56,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 5,383. 25 140. Schedule D 392,700. 255,045. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,636,592. 3,210,098. 27 Unrestricted net assets 2,645,003. Temporarily restricted net assets 2,585,427. 28 127,067. 127,067. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 5,408,662. 5,922,592. 33 33 Total net assets or fund balances 5,663,707. 34 6,315,292. Total liabilities and net assets/fund balances

Form **990** (2017)

Act and OMB Circular A-133?

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

3a

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

AMERICAN CONSTITUTION SOCIETY FOR

2017

Open to Public Inspection

Employer identification number

52-2313694 LAW & POLICY Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Lype I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vI) Amount of other In your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see Instructions))

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

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

Celendar year (or flacal year beginning in) (e) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership fees received. (Do not include any "unusual grants.") 6042545. 2693040. 3780558. 5896202. 5578738. 23991083.	Sec	tion A. Public Support				<u>-</u>		
membership fees received. (Do not include any *unusual grants.*) 2 Tax revenues levied for the organization's benefit and either poid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Submet line 5 tom line 4. 6 0 42545. 2693040. 3780558. 5896202. 5578738.23991083. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 6 0 42545. 2693040. 3780558. 5896202. 5578738.23991083. 8 Gross income from interest, dividends, payments received on securities leans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 10 Total support, Add lines 7 through 10	Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Include any "unusual grants." 6042545. 2693040. 3780558. 5896202. 5578738. 23991083.	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		membership fees received. (Do not						
Ization's benefit and either paid to or expended on its behalf		include any "unusual grants.")	6042545.	2693040.	3780558.	5896202.	5578738.	23991083.
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest, exceed on securities loans, rents, royalties, and income from interest assets (Explain in Part VI). 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 The value of services or facilities turnished by 378 Section 8. 23991083.	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support 8 Gross income from inferest, dividends, payments received on securities loans, rents, royalties, and income from siniar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assest (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization', check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 5 77.35 % 17 Public support percentage from 2016 Schedule A, Part II, line 14 17 Public support percentage from 2016 Schedule A, Part II, line 14 18 Total Support percentage from 2016 Schedule A, Part II, line 14 19 Libic support percentage from 2016 Schedule A, Part II, line 14 19 Libic support percentage from 2016 Schedule A, Part II, line 14 10 Total Support percentage from 2016 Schedule A, Part II, line 14 10 Public support percentage from 2016 Schedule A, Part II, line 14 10 Total Support percentage from 2016 Schedule A, Part II, line 14 10 Public support percentage from 2016 Schedule A, Part II, line 14 10 Public support percentage from 2016 Schedule A, Part II, line 14		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Public support (fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 3235301. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (d) 4, 069 . 7, 101 . 4, 597 . 12, 776 . 17, 812 . 46, 355 . 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) (17, 164 . 7, 900 . 11, 655 . 5, 926 . 15, 083 . 47, 728 . 12, 776 . 17, 812 . 46, 355 . 11, 7164 . 7, 900 . 11, 655 . 5, 926 . 15, 083 . 47, 728 . 12, 776 . 17, 812 . 12, 776 . 12, 777 .		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3	3	The value of services or facilities						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract tine 5 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support, Add lines 7 through 10 Total support (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 4 Public support percentage from 2016 Schedule A, Part II, line 14 15 Other Incomendation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 Other Incomendation of Public Support Percentage 16 Other Incomendation of Public Support Percentage 17 Other Incomendation of Public Support Percentage 18 Public support percentage from 2016 Schedule A, Part II, line 14 19 Other Incomendation of Public Support Percentage 10 Other Incomendation of Public Support Percentage 10 Other Incomendation of Public Support Percentage 11 Total support percentage from 2016 Schedule A, Part II, line 14		furnished by a governmental unit to						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract tine 5 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support, Add lines 7 through 10 Total support (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 4 Public support percentage from 2016 Schedule A, Part II, line 14 15 Other Incomendation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 Other Incomendation of Public Support Percentage 16 Other Incomendation of Public Support Percentage 17 Other Incomendation of Public Support Percentage 18 Public support percentage from 2016 Schedule A, Part II, line 14 19 Other Incomendation of Public Support Percentage 10 Other Incomendation of Public Support Percentage 10 Other Incomendation of Public Support Percentage 11 Total support percentage from 2016 Schedule A, Part II, line 14		the organization without charge						
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by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10755782. Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total of 2015 (d) 2016 (e) 2017 (f) Total (d) 2016 (e) 20								
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on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10755782. 6								
column (f) 10755782. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in)							724	
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Section B. Total Support Subtract line 5 from line 4. Section B. Total Support		ankiman /A	State of			1000		10755782.
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securities loans, rents, royalties, and income from similar sources. 4,069. 7,101. 4,597. 12,776. 17,812. 46,355. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 7,164. 7,900. 11,655. 5,926. 15,083. 47,728. Total support. Add lines 7 through 10 24085166. Gross receipts from related activities, etc. (see instructions) 12 3,822,385. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 54.95 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 57.35 %	•	•						
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business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 57 · 35 %	•							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 57 · 35 %		•						
or loss from the sale of capital assets (Explain in Part VI.) 7,164. 7,900. 11,655. 5,926. 15,083. 47,728. 11 Total support, Add lines 7 through 10 24085166. 12 Gross receipts from related activities, etc. (see instructions) 12 3,822,385. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 57.35 %	10							
assets (Explain in Part VI.) 7,164. 7,900. 11,655. 5,926. 15,083. 47,728. 11 Total support. Add lines 7 through 10 24085166. 12 Gross receipts from related activities, etc. (see instructions) 12 3,822,385. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 54.95 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 57.35 %		•						
11 Total support. Add lines 7 through 10		· ·	7.164.	7.900.	11.655.	5.926.	15.083.	47.728.
12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 57.35 %	11							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 57 35 %		- ,	etc (see instruction	nne)				
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 57.35 %			•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 57.35 %	10	-						
14Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))1454.95%15Public support percentage from 2016 Schedule A, Part II, line 141557.35%	Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage from 2016 Schedule A, Part II, line 14					olumn (fl)		14	54.95 %
								EG SE
stop here. The organization qualifies as a publicly supported organization			_					
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b							
and stop here. The organization qualifies as a publicly supported organization	_							
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	. , , ,		•					•
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	h							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	J		•				•	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	12	•		_				
	10	- 11-646 Iodination II the organizatio	and not officer a	50X 011 III 10 10, 100	A, 100, 170, 01 17L		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017 LAW & POLICY Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please com	ipiete Part II.)		<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(,	(2) 2017	(5, 25.0	(4) 2010	(V) E011	(i) iotea
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						1
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
0	are not an unrelated trade or bus-						
	iness under section 513						
4			 			_	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to]
	or expended on its behalf					1	
5	The value of services or facilities						
	furnished by a governmental unit to		ļ				
	the organization without charge					ļ	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		D I I S		A POST TO A STATE OF		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6					1	1,7,1,1,1,1
	Gross income from interest,		<u> </u>				
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	Annuired offer lune 20, 4075						
_	Add lines 10a and 10b	-					
	Net income from unrelated business				_		
•	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain		 				
14	or loss from the sale of capital						
4.0	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	_		-		1,71,0	
_	check this box and stop here			*************************			>
	ction C. Computation of Publi						
	Public support percentage for 2017 (li					15	%
16	Public support percentage from 2016	Schedule A, Part	l III, line 15		474441	16	%
	ction D. Computation of Inves						
	17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))						
18 Investment income percentage from 2016 Schedule A, Part III, line 17					%		
	33 1/3% support tests - 2017. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	_				·	
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					-	
	23 10-06-17			, 5, ••		edule A (Form 990	

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, if you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No, " describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			u.
	1		
	2		
	3a		
	21		
	3b	-	
	3c		
	4a	-	
	8		Ş.
	4b		
			0
	4c		
	5a		
	5b		
	5c		
	F		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	40	J.T.	
	10b		00.45
m 9	90 or 99	ru-EZ)	2017

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017

2b

3a

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	+		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+ - +		
	see instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	3		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 [
2	Enter 85% of line 1	2	- 17, 12, 13	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 LAW & POLICY 52-2313694 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 LAW & POLICY	52-2313694	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines	r 17b; Part III, line 12;	
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete the part for any additional	V, Section B, line 1e; Pa	rt V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	onal information.	
		<u>. – </u>	
		· ·	
-			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

AMERICAN CONSTITUTION SOCIETY FOR

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LAW & POLICY

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

OMB No. 1545-0047

2017

Employer identification number

52-2313694

Organization type (check one): Section: Filers of: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔲 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990. Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

AMERICAN CONSTITUTION SOCIETY FOR

LAW & POLICY

Employer identification number

52-2313694

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$120,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		s246,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,275,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-01		\$\$ 750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

2017.04011 AMERICAN CONSTITUTION SOCIE 50013-01

Name of organization AMERICAN CONSTITUTION SOCIETY FOR LAW & POLICY

Employer identification number

52-2313694

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
723452 11-01		\$Cahadula B / Kayra	Person Payroli Noncash (Complete Part II for noncash contributions.)		

Name of organization AMERICAN CONSTITUTION SOCIETY FOR LAW & POLICY

Employer identification number

52-2313694

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
-		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
723453 11-01-		\$	990, 990-EZ, or 990-PF) (2017			

Name of organization

AMERICAN CONSTITUTION SOCIETY FOR

Employer identification number

	POLICY		52-2313694			
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or less	s for the year. (Enter this info. once.)			
(a) No	Use duplicate copies of Part III if addition	nal space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
		i	_			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
						
			_			
	-					
ľ	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
——		·	_			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
- 1						
4331						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
			-			
		(e) Transfer of gift				
	man a second	1700				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
						
						
	-		A 1 1 1 b (0			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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 for instructions and the latest information.

AMERICAN CONSTITUTION SOCIETY FOR

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LAW & POLICY

Employer identification number 52-2313694

Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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		funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education)	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	-	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n easements during the year
_	\$		C 43 400 473
8	Does each conservation easement reported on line 2(d) about a series 470(A)(0)(0)		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation bands if and find the factor of the	·	·
	include, if applicable, the text of the footnote to the organiza conservation easements.	ation's financial statements that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections o	of Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	· ·	7,000,01
12	If the organization elected, as permitted under SFAS 116 (A		ot and halance sheet works of art
	historical treasures, or other similar assets held for public ex		•
	the text of the footnote to its financial statements that descri		o or public derives, provides, in a drawin,
b	If the organization elected, as permitted under SFAS 116 (A		nd balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	•	· · · · · · · · · · · · · · · · · · ·
	relating to these items:		to the contract the following at health
	(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 tre		
	the following amounts required to be reported under SFAS	-	• • • • • • • • • • • • • • • • • • • •
8	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017

732051 10-09-17

52-2313694 Page 2 Schedule D (Form 990) 2017 LAW & POLICY Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): Loan or exchange programs ☐ Public exhibition 2 Scholarly research b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 X No on Form 990, Part X? ل Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year 127,067 77,067 67,942 67,942. 1a Beginning of year balance 50,000. 9,125 **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 127,067. 127,067. 77.067. 67.942. 67,942, 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 ► 100.00 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 Yes bv: No X (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (c) Accumulated (a) Cost or other (b) Cost or other (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements 32,254 118,926. 86,672 d Equipment 342,616. 195,365. 147,251 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 233,923.

Part VII Investments - Other Securities.			<u> </u>	ZJIJOJE Page
Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 11b. See Form 990, Pa	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)	_			
(C)				
(D)				
<u>(E)</u>			-	'
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				No. of the last
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part i\	/, line 11c. See Form 990, Pa	rt X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)	-			-
(7)	- -			
(8)		-		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	-			
Complete if the organization answered "Yes" or	n Form 990, Part IV	/, line 11d. See Form 990, Pa	rt X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11e or 11f. See Form 9	90, Part X, line 25.	
1. (a) Description of liability		(b) Book value		Wall E. L.
(1) Federal income taxes				
(2) DEFERRED RENT		140.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	140.		

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

Schedule D (Form 990) 2017

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

Schedule D (Form 990) 2017 LAW & POLICY		52-2	2313694 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return	l.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1 Total revenue, gains, and other support per audited financial statements	*****	1	6,405,050.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
Net unrealized gains (losses) on investments			
b Donated services and use of facilities		101	
c Recoveries of prior year grants		100	
d Other (Describe in Part XIII.)			0
e Add lines 2a through 2d	***************************************	2e	6 405 050
3 Subtract line 2e from line 1	***************************************	3	6,405,050.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4.1	1 2 2	
a Investment expenses not included on Form 990, Part VIII, line 7b		H Ü	
b Other (Describe in Part XiII.)			0
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	***************************************	4c	0. 6,405,050.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Evnence	s per Betu	
Complete if the organization answered "Yes" on Form 990, Part IV, lin		s per netu	
Total expenses and losses per audited financial statements		141	5,891,120.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************		3,031,1201
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses		100	
d Other (Describe in Part XIII.)		160	
		- 20	0.
e Add lines 2a through 2d 3 Subtract line 2e from line 1			5,891,120.
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,031,120.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
			0.
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5,891,120.
Part XIII Supplemental Information.	<i>y</i>	3	3,031,120.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1h and 2h: Part	V line 4: Part	€ line 2: Part YI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		v, III ie 4, 1-20, (7, III 6 2, Fait Ai,
miles as and the sale is all this interest and the rest rate of implete sine part to provide an	y additional information.		
			·
PART V, LINE 4:			
·			
ACS'S ENDOWMENT CONSISTS OF THE RICHARD D	. CUDAHY WRITING	COMPET	CITION ON
REGULATORY AND ADMINISTRATIVE LAW ESTABLE	SHED TO FUND AN	ANNUAL	WRITING
AWARD.		<u> </u>	
	<u></u>		
PART X, LINE 2:			
ACS REQUIRES THAT A TAX POSITION BE RECOG	NIZED OR DERECOO	NIZED E	BASED ON A
"MORE-LIKELY-THAN-NOT" THRESHOLD. THIS AP	PLIES TO POSITIO	NS TAKE	N OR
	2010 101 211		
EXPECTED TO BE TAKEN IN A TAX RETURN. ACS	DOES NOT BELIEV	/E ITS F	INANCIAL
CONTRACTOR OF PERSON AND INC.	N3 T31 M344 NAGETT	NATO:	
STATEMENTS INCLUDE, OR REFLECT, ANY UNCER	TAIN TAX POSITIO	MS.	
			

AMERICAN CONSTITUTION SOCIETY FOR 52-2313694 Page 5 LAW & POLICY Schedule D (Form 990) 2017 Part XIII | Supplemental Information (continued)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

■ Go to www.irs.gov/Form990 for the latest information.

AMERICAN CONSTITUTION SOCIETY FOR

Open to Public OMB No. 1545-0047 Inspection Employer identification number

▶ Attach to Form 990.

% 52-2313694 (h) Purpose of grant or assistance × × × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? LAW & POLICY 1 (a) Name and address of organization or government Part Part

732101 11-01-17

32

Schedule I (Form 990) (2017)

LAW & POLICY

Schedule / (Form 990) (2017)

LAW & POLICY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

52-2313694

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REIMBURSEMENT OF TRAVEL EXPENSES FOR NATIONAL CONVENTION	75	23,056.	0.0		
REIMBURSEMENT OF TRAVEL EXPENSES FOR STUDENT CONVENTION	75	21,238.	0.0		
VARLOUS COMPETITION AWARDS	7	20,500.	0.		
REIMBURSEMENT OF TRAVEL EXPENSES FOR LAWYER	18	4,815.	0.		
Part IV Supplemental Information. Provide the information required	uired in Part I, lin	2; Part III, column	in Part I, line 2; Part III, column (b); and any other additional information.	iditional information.	
PART I, LINE 2:					
REIMBURSEMENT OF TRAVEL EXPENSES F	FOR NATIONAL	MAL CONVENTION	- 1	STUDENTS APPLY	
TO THE ACS STUDENT CHAPTERS DEPARTMENT	MENT FOR	TRAVEL	SCHOLARSHIPS	TO THE	
ANNUAL NATIONAL CONVENTION. STUDENTS	THAT	ARE AWARDED	TRAVEL	SCHOLARSHIPS	
ARE GIVEN VOLUNTEER ASSIGNMENTS AT	THE	CONVENTION. D	DURING THE	CONVENTION,	
THE ACS STUDENT CHAPTERS DEPARTMENT	T MONITORS	S COMPLETION	Q.	VOLUNTEER	
ASSIGNMENTS. FOLLOWING THE CONVENTION,	- 1	REIMBURSEMENTS	ARE	PAID TO THE	
VOLUNTEERS WHO COMPLETED THEIR ASS	ASSIGNMENTS.	PUBLIC	INTEREST FE	FELLOWS APPLY	
TO THE DEPARTMENT OF STRATEGIC ENGAGI	EMENT	FOR TRAVEL	SCHOLARSHIPS	IPS TO THE	
732102 11-01-17		en En			Schedule I (Form 990) (2017)

Schedule (Form 990) LAW & POLICY 52-2313694 Page 2 Part IV Supplemental Information
ANNUAL NATIONAL CONVENTION. INDIVIDUALS THAT ARE AWARDED TRAVEL
SCHOLARSHIPS PLEDGE TO ASSIST ACS WITH ACTIVITIES IN LOCAL CHAPTERS. THE
DEPARTMENT OF STATEGIC ENGAGEMENT MAKES ARRANGEMENTS FOR PUBLIC INTEREST
FELLOWS TO ENGAGE CHAPTERS AND REIMBURSEMENTS ARE PAID FOLLOWING THE
NATIONAL CONVENTION.
REIMBURSEMENT OF TRAVEL EXPENSES FOR STUDENT CONVENTION - STUDENTS APPLY TO
THE ACS STUDENT CHAPTERS DEPARTMENT FOR TRAVEL SCHOLARSHIPS TO THE ANNUAL
STUDENT CONVENTION.
VARIOUS COMPETITION AWARDS - THE DAVID CARLINER PUBLIC INTEREST AWARD
INCLUDED A CASH AWARD FOR THE COMPETITION WINNER AND AN AWARD FOR THE
WINNER'S PLACE OF EMPLOYMENT. THE CONSTANCE BAKER MOTLEY NATIONAL STUDENT
WRITING COMPETITION INCLUDED CASH AWARDS FOR WINNING AND TWO RUNNERS-UP
SUBMISSIONS. THE RICHARD D. CUDAHY WRITING COMPETITION ON REGULATORY AND
ADMINISTRATIVE LAW INCLUDED CASH AWARDS FOR THE BEST SUBMISSION FROM BOTH
LAWYER AND STUDENT CATEGORIES.
REIMBURSEMENT OF TRAVEL EXPENSES FOR LAWYER CONVENING - LAWYERS APPLY TO
THE ACS LAWYERS CHAPTERS DEPARTMENT FOR TRAVEL SCHOLARSHIPS TO THE LAWYER
CONVENING.

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

AMERICAN CONSTITUTION SOCIETY FOR

Employer identification number

Inspection

OMB No. 1545-0047

LAW & POLICY 52-2313694 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: X a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2017

Regulations section 53.4958-6(c)?

LAW & POLICY

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

52-2313694

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that inclividual.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(Iii) Other reportable compensation	other deferred compensation	benefits	(a)(j)(a)	in column (B) reported as deferred on prior Form 990
(1) CAROLINE FREDERICKSON	<u> </u>	287,038.	0	0	6,750.	12,727.	306,515.	0
ᇩ	≘					0	0	0
(2) THOMAS PAZZI	€	137,40				20,883.	158,287.	0
믮	≘		0		0	0		0
(3) BELINDA MACAULEY	9	145,47			İ	12,731.	158,20	0
м	€					0.		0
(4) KARA STEIN	Ξ	154,49	• 0		0	14,997.	169,49	0
VICE PRESIDENT	≘	0 0				0		0
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Schedule J (Form 990) 2017

LAW & POLICY

Page 3 Schedule J (Form 990) 2017

| Part III | Supplemental Information
| Part III | Supplemental Information | Part III | Supplemental Information | Part III | Supplemental Information | Part III | Supplemental Information | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | 52-2313694

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		9 9 9 9 9								
				ì						

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

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

AMERICAN CONSTITUTION SOCIETY FOR Name of the organization

Types of Property

LAW & POLICY

Employer identification number 52-2313694

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c	letermi		ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	45,916.	AVERAGE ST	OCK	PRI	CE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	<u> </u>						
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		·					
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a							II THE	
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?			,,	30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?		,			32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked,	1,111		
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule	M (Fori	m 990)	2017

Schedule M	1 (Form 990) 2017	LAW &	POLICY		52-2313694 Page 2
Part II	Supplementa	l Informa	tion. Provide the information requi	red by Part I, lines 30b, 32b, and 33,	and whether the organization
	is reporting in Par	t I, column	b), the number of contributions, the	red by Part I, lines 30b, 32b, and 33, number of items received, or a comb	pination of both. Also complete
	this part for any a	domonal in	ormation.		
				<u> </u>	
					- · · ·
	<u> </u>	<u> </u>			-
.					
					
	-				
32142 09-07-	17				Schedule M (Form 990) 201

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

AMERICAN CONSTITUTION SOCIETY FOR

LAW & POLICY

Open to Public

Employer identification number 52-2313694

OMB No. 1545-0047

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONSTITUTION AND THE FUNDAMENTAL VALUES IT EXPRESSES: INDIVIDUAL RIGHTS

AND LIBERTIES, GENUINE EQUALITY, ACCESS TO JUSTICE, DEMOCRACY AND THE

RULE OF LAW.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARE REFLECTED IN THE VISION OF THE CONSTITUTION'S FRAMERS AND THE

WISDOM OF FORWARD-LOOKING LEADERS WHO HAVE SHAPED OUR LAW THROUGHOUT

AMERICAN HISTORY. AS A RESULT OF THEIR EFFORTS, THE CONSTITUTION HAS

RETAINED ITS AUTHORITY AND RELEVANCE FOR EACH NEW GENERATION.

IN RECENT YEARS, AN ACTIVIST CONSERVATIVE LEGAL MOVEMENT HAS GAINED

INFLUENCE - ERODING THESE ENDURING VALUES AND PRESENTING THE LAW AS A

SERIES OF STERILE ABSTRACTIONS. THIS NEW ORTHODOXY, WHICH THREATENS TO

DOMINATE OUR COURTS AND OUR LAWS, DOES A GRAVE INJUSTICE TO THE

AMERICAN VISION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POLICY DEVELOPMENT AND PROGRAMMING: THE DEPARTMENT OF POLICY

DEVELOPMENT AND PROGRAMMING IS CHARGED WITH PROMOTING A PROGRESSIVE

VISION OF THE LAW. THIS DEPARTMENT LEADS ACS'S EFFORT TO PROMOTE

SCHOLARLY AND SIMILAR MATERIALS TO HELP SHAPE PROGRESSIVE LEGAL THEORY,

INCLUDING POLICY-RELEVANT WORK AND THE PRODUCTION OF EFFECTIVE

MATERIALS ON CONSTITUTIONAL INTERPRETATION AND LEGAL POLICY FOR

STUDENTS, LAWYERS, OPINION LEADERS AND POLICYMAKERS.

INCLUDING GRANTS OF \$ 3,000. EXPENSES \$ 814,949. REVENUE \$ 0.

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Schedule O (Form 990 or 990-EZ) (2017)

CONVENTION: THE ANNUAL ACS NATIONAL CONVENTION BRINGS TOGETHER LAWYERS, JUDGES, ACADEMICS, POLICYMAKERS AND LAW STUDENTS TO ATTEND SUBSTANTIVE PANELS, PARTICIPATE IN PROJECT AND CHAPTER ORGANIZING MEETINGS AND NETWORK WITH OTHERS. THE CONVENTION INCLUDES DOZENS OF SPEECHES AND PANELS ON A WIDE RANGE OF LEGAL AND POLICY ISSUES WITH LEADING FIGURES IN EACH AREA, AS WELL AS MEETINGS IN WHICH MEMBERS CAN ORGANIZE BY ISSUE INTEREST AND GEOGRAPHY AND A STUDENT LEADERSHIP RETREAT. THE CONVENTION IS DESIGNED TO STIMULATE THOUGHT AND ENERGIZE PEOPLE TO WORK TOWARD ACCOMPLISHING ACS'S MISSION.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED TO INCREASE THE MAXIMUM NUMBER OF DIRECTORS ON THE BOARD FROM 30 TO 35. IN ADDITION, THE BOARD MAY IN ITS DISCRETION ELECT MEMBERS EX OFFICIO. THE PRESIDENT WILL SERVE ON THE BOARD EX OFFICIO.

EXPENSES \$ 579,769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 590,544.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE PRESIDENT AND THE CHIEF FINANCIAL OFFICER AND FORWARDED TO THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE TO THE PRESIDENT THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. A SIGNED STATEMENT IS REQUIRED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE PRESIDENT IS DETERMINED BASED UPON MARKET RATE AND DUE DELIBERATION AND FINAL APPROVAL BY THE BOARD OF DIRECTORS. THE

Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AMERICAN CONSTITUTION SOCIETY FOR LAW & POLICY	Employer identification number 52-2313694
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED	UPON MARKET RATE
AND DUE DELIBERATION AND APPROVAL OF THE PRESIDENT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,CA,CT,FL,GA,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,	OK,OR,PA,RI,SC,TN
UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVE	RSIGHT OF THE
AUDIT AND SELECTION OF INDEPENDENT AUDITOR AND THIS PROCE	SS HAS NOT
BEEN CHANGED FROM PRIOR YEAR.	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 ,

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or AMERICAN CONSTITUTION SOCIETY FOR print LAW & POLICY 52-2313694 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filling your 1899 L ST. NW, NO. 200 Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 20036 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) 011 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 1899 L ST. NW, NO. 200 - WASHINGTON, DC 20036 Telephone No. ► 202-393-6181 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018, to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax vear beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)