| Form <b>990</b> |
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Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE 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)

▶ 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.



| AF                          | A For the 2018 calendar year, or tax year beginning and ending |  |             |                                       |                             |  |  |  |  |
|-----------------------------|--|--|-------------|---------------------------------------|-----------------------------|--|--|--|--|
| B C                         | heck if<br>oplicable:  | <b>C</b> Name of organization  |             | D Employer identifie                  | cation number               |  |  |  |  |
|                             | Address  | PUBLIC LAW CENTER  |             |                                       |                             |  |  |  |  |
|                             | Name   | Doing business as  |             | 95-3709253                            |                             |  |  |  |  |
|                             | Initial<br>return  | Number and street (or P.O. box if mail is not delivered to street address)         | Room/suite  | E Telephone number                    |                             |  |  |  |  |
|                             | Final<br>return/   | 601 CIVIC CENTER DRIVE WEST  |             | 714-541-1010                          |                             |  |  |  |  |
|                             | termin-<br>ated  | City or town, state or province, country, and ZIP or foreign postal code           |             | <b>G</b> Gross receipts \$ 4,749,509. |                             |  |  |  |  |
|                             | Amende<br>return   | SANTA ANA, CA 92701  |             | H(a) Is this a group return           |                             |  |  |  |  |
|                             | Applica  | F Name and address of principal officer: ALMALIII W. DADCOCK                       |             | for subordinates                      | ? Yes 🗶 No                  |  |  |  |  |
|                             | pending  | SAME AS C ABOVE  |             | H(b) Are all subordinates in          | cluded? Yes No              |  |  |  |  |
|                             |  | mpt status: $X 501(c)(3) = 501(c) ( ) $ (insert no.) 4947(a)(1)                    | or 🗌 527    | If "No," attach a                     | list. (see instructions)    |  |  |  |  |
|                             |  | e: ▶ WWW.PUBLICLAWCENTER.ORG   |             | H(c) Group exemption                  | n number 🕨                  |  |  |  |  |
| KF                          | orm of c   | organization: 🚺 Corporation 🔄 Trust 🦳 Association 📃 Other 🕨                        | L Year      | of formation: 1981                    | State of legal domicile: CA |  |  |  |  |
| Pa                          |  | Summary  |             |                                       |                             |  |  |  |  |
| e                           |  | Briefly describe the organization's mission or most significant activities: PROV   | IDING       | FREE LEGAL S                          | SERVICES TO                 |  |  |  |  |
| anc                         | Ī  | LOW INCOME ORANGE COUNTY RESIDENTS.  |             |                                       |                             |  |  |  |  |
| Governance                  |  | Check this box 🕨 🛄 if the organization discontinued its operations or dispos       | sed of more |                                       |                             |  |  |  |  |
| jove                        |  |  |             | 37                                    |                             |  |  |  |  |
| 8<br>0                      |  | Number of independent voting members of the governing body (Part VI, line 1b)      |             | 37                                    |                             |  |  |  |  |
| es                          |  | otal number of individuals employed in calendar year 2018 (Part V, line 2a)        |             | 47                                    |                             |  |  |  |  |
| iviti                       | <b>6</b> T   | otal number of volunteers (estimate if necessary)                                  | 6           | 1494                                  |                             |  |  |  |  |
| Activities &                |  | otal unrelated business revenue from Part VIII, column (C), line 12                |             |                                       | 0.                          |  |  |  |  |
|                             | b١   | Net unrelated business taxable income from Form 990-T, line 38                     | <u></u>     |                                       | 17,637.                     |  |  |  |  |
|                             |  |  |             | Prior Year                            | Current Year                |  |  |  |  |
| e                           |  | Contributions and grants (Part VIII, line 1h)                                      |             | 3,408,051.                            | 4,239,604.                  |  |  |  |  |
| /eni                        |  | Program service revenue (Part VIII, line 2g)                                       |             | 0.<br>204.                            | <u> </u>                    |  |  |  |  |
| Revenue                     |  | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)                       |             | 264,304.                              | 303,759.                    |  |  |  |  |
|                             |  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |             | 3,672,559.                            | 4,543,644.                  |  |  |  |  |
|                             |  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |             | -                                     |                             |  |  |  |  |
|                             |  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |             | 0.                                    | 0.                          |  |  |  |  |
|                             |  | Benefits paid to or for members (Part IX, column (A), line 4)                      |             | 2,416,387.                            | 2,805,930.                  |  |  |  |  |
| ses                         |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | ······      | 2,410,307.                            | 2,805,950.                  |  |  |  |  |
| Expenses                    |  | Professional fundraising fees (Part IX, column (A), line 11e)                      | ······      | 0.                                    | 0.                          |  |  |  |  |
| хп                          |  |  |             | 886,075.                              | 1,152,246.                  |  |  |  |  |
| -                           |  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       |             | 3,302,462.                            | 3,958,176.                  |  |  |  |  |
|                             |  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          |             | 370,097.                              | 585,468.                    |  |  |  |  |
| ي _ د                       |  | Revenue less expenses. Subtract line 18 from line 12                               |             |                                       |                             |  |  |  |  |
| ts or<br>ances              |  | Tetal essets (Dart V. line 10)   | Ве          | ginning of Current Year<br>1,381,581. | End of Year<br>1,911,183.   |  |  |  |  |
| Asse<br>Bala                |  | Fotal assets (Part X, line 16)   | ······      | 623,371                               | 542,505.                    |  |  |  |  |
| Net Assets (<br>Fund Balanc |  | Total liabilities (Part X, line 26)  |             | 758,210.                              | 1,368,678.                  |  |  |  |  |
|                             | 22 N   | Net assets or fund balances. Subtract line 21 from line 20                         |             | 10,210.                               | I,JU0,U/0.                  |  |  |  |  |

Part II | Signature Block

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

| Sign   |   | Signature of officer         |                 |          |   |      | Date                |            |
|--|---|------------------------------|-----------------|----------|---|------|---------------------|------------|
| Here   |   |                              | ECUTIVE         | DIRECTOR | & | GEN. | COUNSEL             |            |
|  |   | Type or print name and title | -               |          |   |      |                     |            |
|  | Prin  | t/Type preparer's name       | Preparer's sign | ature    |   | Date | Check               | PTIN       |
| Paid   |   | ITIA FOSTER                  |                 |          |   |      | if<br>self-employ   | P02164134  |
| Preparer   | Firm  | n's name 🕒 DAVIS FARR LLP    |                 |          |   |      | Firm's EIN 🕨        | 47-3535842 |
| Use Only   |   |                              |                 |          |   |      |                     |            |
|  |   | IRVINE, CA 92612             |                 |          |   |      | Phone no. <b>94</b> | 9-474-2020 |
| May the II   | May the IRS discuss this return with the preparer shown above? (see instructions) |                              |                 |          |   |      |                     |            |
| 832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) |   |                              |                 |          |   |      |                     |            |

|         | 990 (2018) PUBLIC LAW CENTER  | 95-3709253           | Page             |
|---------|---|----------------------|------------------|
| Par     | t III Statement of Program Service Accomplishments  |                      | v                |
|         | Check if Schedule O contains a response or note to any line in this Part III                                      |                      | X                |
| 1       | Briefly describe the organization's mission:<br>THE PUBLIC LAW CENTER, ORANGE COUNTY'S PRO BONO LAW FIRM          | י דק כסאאדידייי      | ਸ਼ਾਹ             |
|         | TO PROVIDING ACCESS TO JUSTICE FOR LOW INCOME RESIDENTS.  | -                    | עט               |
|         | VOLUNTEERS AND STAFF, THE PUBLIC LAW CENTER PROVIDES FRE  |                      | Τ.               |
|         | SERVICES, INCLUDING COUNSELING, INDIVIDUAL REPRESENTATIO  |                      |                  |
| <u></u> | Did the organization undertake any significant program services during the year which were not listed on the      | M, COMMONIII         |                  |
| 2       |   |                      | XN               |
|         | prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O.                                 |                      |                  |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, any program services?      | Ves                  | XNo              |
| 5       | If "Yes," describe these changes on Schedule O.   |                      |                  |
| 4       | Describe the organization's program service accomplishments for each of its three largest program services, as    | measured by expenses |                  |
| •       | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | • •                  |                  |
|         | revenue, if any, for each program service reported.   |                      |                  |
| 4a      | (Code:) (Expenses \$ 2,695,682. including grants of \$) (Reve   | aue \$ 304.          | 576.             |
|         | THE PUBLIC LAW CENTER (PLC) IS THE LARGEST BAR SPONSOREI  |                      |                  |
|         | PUBLIC INTEREST LAW FIRM IN ORANGE COUNTY. THROUGH VOLU   | •                    |                  |
|         | STAFF, THE PUBLIC LAW CENTER PROVIDES FREE CIVIL LEGAL S  |                      |                  |
|         | INCLUDING COUNSELING, INDIVIDUAL REPRESENTATION, COMMUNI  |                      |                  |
|         | AND STRATEGIC LITIGATION AND ADVOCACY TO CHALLENGE SOCIE  |                      |                  |
|         | WITH A 38-YEAR HISTORY OF PROVIDING FREE LEGAL SERVICES   |                      |                  |
|         | COUNTY'S LOW-INCOME RESIDENTS, PLC WORKS IN PARTNERSHIP   |                      | NGE              |
|         | COUNTY BAR ASSOCIATION, COMMUNITY LEGAL AID OF SOCAL (FO  |                      |                  |
|         | THE LEGAL AID SOCIETY OF ORANGE COUNTY), LOCAL LAW SCHOO  |                      |                  |
|         | COMMUNITY PARTNERS TO ENSURE BROAD ACCESS TO CIVIL JUSTI  |                      |                  |
|         | CLIENTS MEET ELIGIBILITY CRITERIA ESTABLISHED UNDER THE   |                      |                  |
|         | PROFESSIONS CODE SECTIONS AUTHORIZING THE STATE BAR LEGA  | L SERVICES           |                  |
| 4b      | (Code: ) (Expenses \$ including grants of \$ ) (Reve  | nue\$                |                  |
|         |   |                      |                  |
|         |   |                      |                  |
|         |   |                      |                  |
|         |   |                      |                  |
| 4c      | (Code:) (Expenses \$ including grants of \$) (Reve  | nue \$               |                  |
|         |   |                      |                  |
|         |   |                      |                  |
|         |   |                      |                  |
|         |   |                      |                  |
|         |   |                      |                  |
| 4d      | Other program services (Describe in Schedule O.)  |                      |                  |
|         | (Expenses \$ including grants of \$ ) (Revenue \$   | )                    |                  |
| 4e      | Total program service expenses ► 2,695,682.   |                      |                  |
|         |   |                      | <b>990</b> (201) |
| 32002   | SEE SCHEDULE O FOR CONTINUATION (   | S)                   |                  |
|         | 2   |                      |                  |
| 1 0     | 09 149072 83938Q 2018.04030 PUBLIC LAW CE   | VTER                 | 8393             |

| Form | 990 | (201) | 8 |
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 Form 990 (2018)
 PUBLIC
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 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          | Х   |           |
| 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          |     | X         |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            | v   |           |
| _      | 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   | -          |     | х         |
| ~      | similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>   | 5          |     |           |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |            |     | х         |
| 7      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |     |           |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | 7          |     | x         |
| 0      | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i><br>Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> |            |     |           |
| 8      |  | 8          |     | х         |
| 9      | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | 0          |     | - 23      |
| 9      | 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          |     | х         |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |            |     |           |
| 10     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         |     | х         |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X  |            |     |           |
| ••     | as applicable.   |            |     |           |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            |     |           |
|        | Part VI  | 11a        | х   |           |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |            |     |           |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | х         |
| с      | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |            |     |           |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |     | X         |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |            |     |           |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |     | X         |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        | Х   |           |
| 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        | Х   |           |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |     |           |
|        | Schedule D, Parts XI and XII   | 12a        | Х   |           |
| 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        |     | <u> </u>  |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |     | X         |
|        | Did the organization maintain an office, employees, or agents outside of the United States?  | <u>14a</u> |     | _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   |            |     | v         |
| 45     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | _X_       |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 4-         |     | v         |
| 16     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | <u>X</u>  |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 16         |     | х         |
| 17     | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i><br>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 10         |     | <u></u>   |
| 17     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         |     | x         |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            |     | _ <u></u> |
| 10     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         | х   |           |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."  |            |     | <u> </u>  |
|        | complete Schedule G, Part III  | 19         |     | х         |
| 20a    |  | 20a        |     | X         |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     | <u> </u>  |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |     |           |
|        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | х         |
| 832003 | 12-31-18   | Form       | 990 | (2018)    |

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Form 990 (2018) PUBLIC LAW CENTER
Part IV Checklist of Required Schedules (continued)

|          |  |           | Yes | No      |
|----------|--|-----------|-----|---------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | 22        |     | x       |
| 23       | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i><br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                      | 22        |     | - 23    |
| 20       | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           |     |         |
|          | Schedule J   | 23        | х   |         |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |           |     |         |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |           |     |         |
|          | Schedule K. If "No," go to line 25a  | 24a       |     | X       |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |     |         |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 24c       |     |         |
| Ь        | any tax-exempt bonds?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d       |     |         |
|          | 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        |     | X       |
| 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  |           |     | <u></u> |
|          | 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  |           |     |         |
|          | instructions for applicable filing thresholds, conditions, and exceptions):  |           |     | v       |
| a        | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>  | 28a       |     | X<br>X  |
| b        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b       |     |         |
| с        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 200       | х   |         |
| 20       | director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i><br>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>               | 28c<br>29 | Λ   | x       |
| 29<br>30 | Did the organization receive more than \$23,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | 29        |     | 23      |
| 50       | contributions? If "Yes," complete Schedule M   | 30        |     | x       |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations?   |           |     |         |
| •••      | If "Yes," complete Schedule N, Part I  | 31        |     | x       |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |     |         |
|          | Schedule N, Part II  | 32        |     | 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       |
|          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |     | X       |
| b        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |           |     |         |
|          | within the meaning of section 512(b)(13)? 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?   |           |     |         |
| 07       | 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   | 07        |     | x       |
| 38       | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i><br>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37        |     |         |
| 00       | Note. All Form 990 filers are required to complete Schedule O  | 38        | х   |         |
| Par      |  | . 00      |     |         |
|          | Check if Schedule O contains a response or note to any line in this Part V   |           |     |         |
|          |  |           | Yes | No      |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |           |     |         |
|          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |           |     |         |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |           |     |         |
|          | (gambling) winnings to prize winners?  | 1c        |     |         |
| 832004   | 12-31-18   | Form      | 990 | (2018)  |
|          | Л  |           |     |         |

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|          | 990 (2018) PUBLIC LAW CENTER 95-3709  | 253 | P   | <sub>age</sub> 5 |
|----------|---|-----|-----|------------------|
| Par      | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     |     |                  |
|          |   |     | Yes | No               |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |     |     |                  |
|          | filed for the calendar year ending with or within the year covered by this return 2a 47   |     |     |                  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b  | X   |                  |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                                |     |     |                  |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | X                |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                     | 3b  |     |                  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |     |     |                  |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  |     | <u> </u>         |
| 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  |     | <u>X</u>         |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b  |     | X                |
| С        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |                  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |     |     |                  |
|          | 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).   |     |     |                  |
| а        | 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  | X   |                  |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |     |     |                  |
|          | to file Form 8282?  | 7c  |     | X                |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |     |     | 37               |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e  |     | X                |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f  |     | X                |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g  |     |                  |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |     |                  |
| 8        | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the                                     | •   |     |                  |
| •        | sponsoring organization have excess business holdings at any time during the year?  | 8   |     |                  |
| 9        | Sponsoring organizations maintaining donor advised funds.   | 0   |     |                  |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |                  |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |                  |
| 10       | Section 501(c)(7) organizations. Enter:   |     |     |                  |
|          | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |     |                  |
|          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |                  |
| 11       | Section 501(c)(12) organizations. Enter:  |     |     |                  |
| a<br>h   | Gross income from members or shareholders 11a<br>Gross income from other sources (Do not net amounts due or paid to other sources against       |     |     |                  |
| b        | amounts due or received from them.)   |     |     |                  |
| 122      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a |     |                  |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 120 |     |                  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |                  |
|          | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |                  |
| u        | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | 100 |     |                  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the  |     |     |                  |
| D.       | organization is licensed to issue qualified health plans  |     |     |                  |
| с        | Enter the amount of reserves on hand  |     |     |                  |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | X                |
|          | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>                         | 14b |     |                  |
| 15<br>15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |     |     |                  |
|          | excess parachute payment(s) during the year?  | 15  |     | х                |
|          | If "Yes," see instructions and file Form 4720, Schedule N.  |     |     |                  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16  |     | х                |
|          | If "Yes," complete Form 4720, Schedule O.   |     |     |                  |
|          |   |     |     |                  |

Form **990** (2018)

832005 12-31-18

|  | If there are material differences in voting rights among members of the governing body, or if the governing   |                     |  |  |  |
|--|---|---------------------|--|--|--|
|  | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   | 2 17                |  |  |  |
|  | <b>5</b> , , , <b>1.</b>  | 37                  |  |  |  |
| 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?  |                     |  |  |  |
| 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?  |                     |  |  |  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |                     |  |  |  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |                     |  |  |  |
| 6  | Did the organization have members or stockholders?  |                     |  |  |  |
| 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?   |                     |  |  |  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |                     |  |  |  |
|  | persons other than the governing body?  |                     |  |  |  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                     |  |  |  |
| а  | The governing body?   |                     |  |  |  |
| b  | Each committee with authority to act on behalf of the governing body?   |                     |  |  |  |
| 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   |                     |  |  |  |
|  | Did the organization have local chapters, branches, or affiliates?  |                     |  |  |  |
| 102  | Did the organization have local chapters, branches, or affiliates?  | 1                   |  |  |  |
|  |   |                     |  |  |  |
|  | Did the organization have local chapters, branches, or affiliates?  |                     |  |  |  |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  |                     |  |  |  |
| b<br>11a   | 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?  |                     |  |  |  |
| b<br>11a<br>b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | ?                   |  |  |  |
| b<br>11a<br>b<br>12a   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <br>?               |  |  |  |
| b<br>11a<br>b<br>12a<br>b                                    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form'<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>   | <br>?               |  |  |  |
| b<br>11a<br>b<br>12a<br>b                                    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form'<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | ····<br>?<br>····   |  |  |  |
| b<br>11a<br>b<br>12a<br>b                                    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>   | ?                   |  |  |  |
| b<br>11a<br>b<br>12a<br>b<br>c                               | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?  | ····<br>?<br>····   |  |  |  |
| b<br>11a<br>b<br>12a<br>b<br>c<br>13                         | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>   | ····<br>?<br>····   |  |  |  |
| b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14                   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?  | ?<br>               |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i><br><i>in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | ?<br>               |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a             | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i><br><i>in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>The organization's CEO, Executive Director, or top management official   | ·····<br>?<br>····  |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a             | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i><br><i>in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | ·····<br>?<br>····  |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>The organization's CEO, Executive Director, or top management official<br>Other officers or key employees of the organization  | ·····<br>?<br>····  |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i><br><i>in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>The organization's CEO, Executive Director, or top management official<br>Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | ·····<br>?<br>····· |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>16a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>The organization's CEO, Executive Director, or top management official<br>Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?   | ·····<br>?<br>····· |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>16a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i><br><i>in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>The organization's CEO, Executive Director, or top management official<br>Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | ····<br>?           |  |  |  |
| b<br>11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>16a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i><br>Did the organization have a written whistleblower policy?<br>Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>The organization's CEO, Executive Director, or top management official<br>Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?   | ·····<br>?<br>····· |  |  |  |

List the states with which a copy of this Form 990 is required to be filed **CA** 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website \_ 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 financial 19 statements available to the public during the tax year.

6

| <u>601 CIVIC CENTER DR WEST, SANTA ANA, CA 927</u> |
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|--|

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95-3709253 Page 6

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Yes No х

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Yes No

| 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, | s, or changes in Schedule O. See instructions.                      |

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

LAW CENTER

PUBLIC

1a Enter the number of voting members of the governing body at the end of the tax year

Form 990 (2018) Part VI

| Form 990 (20                           | 118) PUBLIC LAW CENTER  | 95-3709253  | Page 7 |  |  |  |  |  |  |
|--|---|-------------|--------|--|--|--|--|--|--|
| Part VII                               | Compensation of Officers, Directors, Trustees, Key Employees, Highest (         | Compensated |        |  |  |  |  |  |  |
| Employees, and Independent Contractors |   |             |        |  |  |  |  |  |  |
| C                                      | Check if Schedule O contains a response or note to any line in this Part VII    |             |        |  |  |  |  |  |  |
| Section A.                             | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |             |        |  |  |  |  |  |  |
|  |   |             |        |  |  |  |  |  |  |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                    | (B)<br>Average<br>hours per  |    | not c | Pos<br>heck | more   | 1<br>than c                |      | <b>(D)</b><br>Reportable<br>compensation       | <b>(E)</b><br>Reportable<br>compensation         | <b>(F)</b><br>Estimated<br>amount of  |
|--|--|----|-------|-------------|--------|----------------------------|------|--|--|---|
|  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) |    |       |             | irecto | Highest compensated Snut v | tee) | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) AARON J. MALO<br>DIRECTOR            | 1.00   | x  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (2) ADRIANNE MARSHACK                    | 1.00   | Λ  |       |             |        | -                          |      | 0.   | 0.   |   |
| DIRECTOR                                 | 1.00   | х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (3) BRETT J. WILLIAMSON                  | 1.00   | Λ  |       |             |        | -                          |      | 0.   | 0.   | 0.  |
| DIRECTOR                                 | 1.00   | х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (4) BRIAN B. FARRELL                     | 1.00   |    |       |             |        |                            |      |  |  |   |
| SECRETARY/TREASURER                      |  | х  |       | х           |        |                            |      | 0.   | 0.   | 0.  |
| (5) CAROLE E. REAGAN                     | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (6) CESAR COVARRUBIAS                    | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (7) CHARLA "SUE" RILEY                   | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | х  |       |             |        |                            |      | 0.   | Ο.   | 0.  |
| (8) CHRISTOPHER H. MCGRATH               | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | Х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (9) CHRISTY G. LEA                       | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | Х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (10) DANIEL R. FOSTER                    | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | Х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (11) DANIEL ROBINSON                     | 1.00   |    |       |             |        |                            |      |  |  |   |
| DIRECTOR                                 |  | Х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (12) DARREN O. AITKEN                    | 1.00   |    |       |             |        |                            |      |  |  | •   |
| DIRECTOR                                 | 1.00   | X  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (13) DARYL S. LANDY                      | 1.00   |    |       |             |        |                            |      |  | 0  | 0   |
| DIRECTOR                                 | 1 00   | Х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (14) DEBORAH E. ARBABI                   | 1.00   | 37 |       |             |        |                            |      |  | 0  | 0   |
| DIRECTOR                                 | 1 0 0  | Х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (15) DEBORAH MALLGRAVE<br>VICE PRESIDENT | 1.00   | х  |       | x           |        |                            |      | 0.   | 0.   | 0.  |
| (16) DINA M. RANDAZZO                    | 1.00   | ^  |       | <u>^</u>    | -      | -                          |      | U.   | 0.   | U•  |
| (16) DINA M. RANDAZZO<br>DIRECTOR        | 1.00   | х  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| (17) DOUGLAS J. DIXON                    | 1.00   | Δ  |       |             |        | -                          |      | U•   | 0.   | 0.  |
| DIRECTOR                                 | 1.00   | x  |       |             |        |                            |      | 0.   | 0.   | 0.  |
| 832007 12-31-18                          | I  | 23 |       |             | L      |                            | I    |  | <b>V</b> •                                       | Form <b>990</b> (2018)  |

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Form **990** (2018)

| Form 990 (2018) |  |
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PUBLIC LAW CENTER

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| Part VII Section A. Officers, Directors, Trust   | tees, Key Emp        | ploy                          | ees,                  | and     | d Hig        | ghes                            | st C     | ompensated Employee                   | s (continued)      |          |                           |          |
|--|----------------------|-------------------------------|-----------------------|---------|--------------|---------------------------------|----------|---------------------------------------|--------------------|----------|---------------------------|----------|
| (A)  | (B)                  |                               |                       |         | C)           |                                 |          | (D)                                   | (E)                |          | (F)                       |          |
| Name and title   | Average              | (do                           |                       |         | itior        | <b>1</b><br>than d              | 200      | Reportable                            | Reportable         | E        | Estimated                 |          |
|  | hours per            | box                           | , unles               | ss pei  | rson i       | is both                         | n an     | compensation                          | compensation       | 2        | mount of                  |          |
|  | week                 |                               | cer an                | dad     | lirecto      | or/trus                         | tee)     | from                                  | from related       |          | other                     |          |
|  | (list any            | rector                        |                       |         |              |                                 |          | the                                   | organizations      |          | npensatior                | ו        |
|  | hours for<br>related | or di                         | ee                    |         |              | ated                            |          | organization                          | (W-2/1099-MISC)    |          | from the                  |          |
|  | organizations        | ustee                         | trust                 |         | e            | bens                            |          | (W-2/1099-MISC)                       |                    |          | ganization                |          |
|  | below                | ual tr                        | io nal                |         | ploye        | t com                           |          |                                       |                    |          | nd related<br>ganizations |          |
|  | line)                | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former   |                                       |                    |          | yanizations               | ,        |
| (18) ELEANOR A. STEGMEIER  | 1.00                 |                               |                       | 0       | ×            | <u> </u>                        | <u> </u> |                                       |                    | -        |                           | —        |
| DIRECTOR   |                      | x                             |                       |         |              |                                 |          | 0.                                    | 0                  |          | 0                         | ).       |
| (19) GLENN D. DASSOFF  | 1.00                 |                               |                       |         |              |                                 |          |                                       | <b>U</b>           | <u>'</u> |                           | ÷        |
| DIRECTOR   |                      | x                             |                       |         |              |                                 |          | 0.                                    | 0                  |          | 0                         | ).       |
| (20) JAMES MEEKER, PHD   | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          | -                         | _        |
| DIRECTOR   |                      | x                             |                       |         |              |                                 |          | 0.                                    | 0                  |          | 0                         | ).       |
| (21) JOEL S. MILIBAND  | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          |                           | _        |
| DIRECTOR   |                      | х                             |                       |         |              |                                 |          | 0.                                    | 0                  |          | 0                         | ).       |
| (22) JOSEPH L. CHAIREZ   | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          |                           | _        |
| DIRECTOR   |                      | x                             |                       |         |              |                                 |          | 0.                                    | 0                  |          | 0                         | ).       |
| (23) KARLA KRAFT   | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          |                           | _        |
| DIRECTOR   |                      | х                             |                       |         |              |                                 |          | 0.                                    | 0                  |          | 0                         | ).       |
| (24) KATHY F. ESFAHANI   | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
| DIRECTOR   |                      | Х                             |                       |         |              |                                 |          | 0.                                    | 0                  | ,        | 0                         |          |
| (25) MARK ERICKSON   | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
| PRESIDENT  |                      | Х                             |                       | Х       |              |                                 |          | 0.                                    | 0                  | ·        | 0                         | •        |
| (26) MARC J. WINTHROP  | 1.00                 |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
| DIRECTOR   |                      | Х                             |                       |         |              |                                 |          | 0.                                    | 0                  |          |                           | •        |
| 1b Sub-total   |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
| c Total from continuation sheets to Part VI  | , Section A          |                               |                       |         |              |                                 |          | 437,000.                              | 0                  |          | <b>11,579</b>             |          |
| d Total (add lines 1b and 1c)  |                      |                               |                       |         |              |                                 |          | 437,000.                              | 0                  | , 4      | 1,579                     | •        |
| 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 N                     | <u> </u> |
| <b>3</b> Did the organization list any <b>former</b> officer,  | director, or tru     | istee                         | e, ke                 | y en    | nplo         | oyee,                           | or l     | highest compensated en                | nployee on         |          |                           | -        |
| line 1a? If "Yes," complete Schedule J for si  |                      |                               |                       |         |              |                                 |          |                                       |                    | 3        | X                         | <u> </u> |
| 4 For any individual listed on line 1a, is the su  |                      |                               |                       |         |              |                                 |          |                                       |                    |          | 37                        |          |
| and related organizations greater than \$150   |                      |                               |                       |         |              |                                 |          |                                       |                    | 4        | X                         | _        |
| 5 Did any person listed on line 1a receive or a  |                      |                               |                       |         | -            |                                 |          | •                                     | lual for services  | -        |                           | 7        |
| rendered to the organization? <i>If</i> "Yes." com   | plete Schedule       | e J fo                        | or su                 | ich į   | oers         | son .                           |          |                                       |                    | 5        |                           | <u> </u> |
| Section B. Independent Contractors   |                      |                               |                       |         |              |                                 |          | • • • • • • • • • • • • • • • • • • • | 100.000 of company | -        |                           | _        |
| 1 Complete this table for your five highest con<br>the organization. Report componentian for t                                 |                      |                               |                       |         |              |                                 |          |                                       |                    | ation    | rom                       |          |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.                 |                      |                               |                       |         |              |                                 | —        |                                       |                    |          |                           |          |
| (A)(B)(C)Name and business addressNONEDescription of servicesCompensation  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          | -                                     |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           | _        |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
|  |                      |                               |                       |         |              |                                 |          |                                       |                    |          |                           |          |
| 2 Total number of independent contractors (ir  |                      | at lin                        | nitor                 | l to    | thor         |                                 | ted      | above) who received me                | ore than           |          |                           |          |
| <ul> <li>Standard of independent contractors (in<br/>\$100,000 of compensation from the organiz</li> </ul>                     | 0                    | 51 111                        | met                   | 1.0     | (            | )                               | ceu      |                                       |                    |          |                           |          |
| SEE PART VII, SECTION  |                      | IN                            | UA                    | ΤI      | ON           | S                               | HE       | ETS                                   |                    | Forn     | 1 <b>990</b> (201         | 8)       |

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| Part VII Section A. Officers, Directors, Tr<br>(A)<br>Name and title | <b>(B)</b><br>Average | nplo                           | yee                   | s, ar<br>(C |              | lighe                        | est (  | Compensated Employe | es (continued)                |                       |
|--|-----------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------|---------------------|-------------------------------|-----------------------|
|  | Average               |                                |                       | 10          |              |                              |        |                     |                               |                       |
| Name and title   |                       |                                |                       | -           | -            |                              |        | (D)                 | (E)                           | (F)                   |
|  | 1 h.e                 |                                |                       | Posi        |              |                              |        | Reportable          | Reportable                    | Estimated             |
|  | hours                 | (cl                            | heck                  | all t       | that         | app                          | y)     | compensation        | compensation                  | amount of             |
|  | per<br>week           |                                |                       |             |              | e                            |        | from<br>the         | from related<br>organizations | other<br>compensation |
|  | (list any             | tor                            |                       |             |              | ploye                        |        | organization        | (W-2/1099-MISC)               | from the              |
|  | hours for             | r direc                        |                       |             |              | ed em                        |        | (W-2/1099-MISC)     | ()                            | organization          |
|  | related               | tee or                         | ustee                 |             |              | ensat                        |        | · · · · ·           |                               | and related           |
|  | organizations         | al trus                        | onal tr               |             | lo yee       | comp                         |        |                     |                               | organizations         |
|  | below                 | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated employee | Former |                     |                               |                       |
| 27) MAYA K. DUNNE  | line)                 | Inc                            | lns                   | 0fi         | Ke           | Hi                           | Fo     |                     |                               |                       |
| DIRECTOR   | 1.00                  | х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 28) MICHAEL ERMER  | 1.00                  |                                |                       |             |              |                              |        |                     | ••                            | 0.                    |
| MMEDIATE PAST PRESIDENT  |                       | х                              |                       | х           |              |                              |        | 0.                  | 0.                            | 0.                    |
| 29) MICHAEL R. WILLIAMS  | 1.00                  |                                |                       |             |              |                              |        | • •                 |                               |                       |
| DIRECTOR   |                       | х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 30) MICHELE D. JOHNSON   | 1.00                  |                                |                       |             |              |                              |        |                     |                               |                       |
| DIRECTOR   |                       | х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 31) NICOLE WHYTE   | 1.00                  |                                |                       |             |              |                              |        |                     |                               |                       |
| DIRECTOR   |                       | Х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 32) NORMA GARCIA GUILLEN   | 1.00                  |                                |                       |             |              |                              |        |                     |                               |                       |
| DIRECTOR   |                       | Х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 33) PETER ZEUGHAUSER   | 1.00                  |                                |                       |             |              |                              |        |                     |                               |                       |
| DIRECTOR   | 1 00                  | Х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 34) PHILIP D. KOHN   | 1.00                  |                                |                       |             |              |                              |        | 0                   | 0                             | 0                     |
| DIRECTOR   | 1 0 0                 | Х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 35) RALPH H. BLAKENEY<br>DIRECTOR                                    | 1.00                  | x                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 36) RICHARD J. GRABOWSKI   | 1.00                  | ~                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| DIRECTOR   | 1.00                  | x                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 37) THOMAS A. MANAKIDES  | 1.00                  |                                |                       |             |              |                              |        |                     |                               |                       |
| DIRECTOR   |                       | х                              |                       |             |              |                              |        | 0.                  | 0.                            | 0.                    |
| 38) KENNETH BABCOCK  | 50.00                 |                                |                       |             |              |                              |        |                     |                               |                       |
| EXECUTIVE DIRECTOR   |                       |                                |                       | х           |              |                              |        | 185,000.            | 0.                            | 7,489.                |
| 39) JORGE ALVARADO   | 40.00                 |                                |                       |             |              |                              |        |                     |                               | -                     |
| DIRECTOR OF LITIGATION, TRAINING AND                                 |                       |                                |                       |             |              | Х                            |        | 137,000.            | 0.                            | 20,033.               |
| 40) CATHERINE OGILVIE  | 40.00                 |                                |                       |             |              |                              |        |                     |                               |                       |
| DIRECTOR OF OPERATIONS   |                       |                                |                       |             |              | Χ                            |        | 115,000.            | 0.                            | 14,057.               |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  | -                     |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
|  |                       |                                |                       |             |              |                              |        |                     |                               |                       |
| Total to Part VII, Section A, line 1c                                |                       |                                |                       |             |              |                              |        | 437,000.            |                               | 41,579.               |

|   |         | Check if Schedule O cont                                    |                   | or note to any im | (A)           | (B)                                      | (C)                              | (D)   |
|---|---------|---|-------------------|-------------------|---------------|--|----------------------------------|---|
|   |         |   |                   |                   | Total revenue | Related or<br>exempt function<br>revenue | Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| ts<br>ts  | 1 a     | Federated campaigns   | 1a                |                   |               |  |                                  |   |
| oun   | b       | Membership dues   | 1b                |                   |               |  |                                  |   |
| S, G  |         | Fundraising events  |                   | 650,735.          |               |  |                                  |   |
|   | d       | Related organizations                                       | 1d                |                   |               |  |                                  |   |
| ini,  | е       | Government grants (contributi                               | ons) <u>1e</u> 1, | 554,794.          |               |  |                                  |   |
| er S  | f       | All other contributions, gifts, gran                        |                   | 004 005           |               |  |                                  |   |
| <u>ē</u> ŧ  |         | similar amounts not included above                          |                   | 034,075.          |               |  |                                  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |         | Noncash contributions included in lines                     |                   | <b>&gt;</b>       | 4,239,604.    |  |                                  |   |
| ы<br>С  | n       | Total. Add lines 1a-1f                                      |                   |                   | 4,239,004.    |  |                                  |   |
|   | 0.0     |   |                   | Business Code     |               |  |                                  |   |
| Program Service<br>Revenue                                | 2a<br>b |   |                   |                   |               |  |                                  |   |
|   | c<br>b  |   |                   |                   |               |  |                                  |   |
| žer "   | d       |   |                   |                   |               |  |                                  |   |
| gra<br>Be   | e       |   |                   |                   |               |  |                                  |   |
| 27  |         | All other program service reve                              | nue               |                   |               |  |                                  |   |
|   |         | Total. Add lines 2a-2f                                      |                   |                   |               |  |                                  |   |
|   | 3       | Investment income (including                                |                   |                   |               |  |                                  |   |
|   |         | other similar amounts)                                      |                   | ►                 | 281.          |  |                                  | 281.  |
|   | 4       | Income from investment of tax                               | k-exempt bond p   | roceeds 🕨 🕨       |               |  |                                  |   |
|   | 5       | Royalties   |                   | ►                 |               |  |                                  |   |
|   |         |   | (i) Real          | (ii) Personal     |               |  |                                  |   |
|   |         | Gross rents   |                   |                   |               |  |                                  |   |
|   |         | Less: rental expenses                                       |                   |                   |               |  |                                  |   |
|   |         | Rental income or (loss)                                     |                   |                   |               |  |                                  |   |
|   |         | Net rental income or (loss)                                 |                   |                   |               |  |                                  |   |
|   | 7 a     | Gross amount from sales of                                  | (i) Securities    | (ii) Other        |               |  |                                  |   |
|   | L       | assets other than inventory<br>Less: cost or other basis    |                   |                   |               |  |                                  |   |
|   | D       | and sales expenses  |                   |                   |               |  |                                  |   |
|   | c       | Gain or (loss)  |                   |                   |               |  |                                  |   |
|   |         | Net gain or (loss)  |                   |                   |               |  |                                  |   |
|   |         | Gross income from fundraising                               |                   |                   |               |  |                                  |   |
| anu   | • -     | including \$ 650,7  |                   |                   |               |  |                                  |   |
| evel  |         | contributions reported on line                              |                   |                   |               |  |                                  |   |
| Other Revenue   |         | Part IV, line 18  |                   | 193,019.          |               |  |                                  |   |
| the   | b       | Less: direct expenses                                       |                   | 205,865.          |               |  |                                  |   |
| 0   | с       | Net income or (loss) from fund                              | Iraising events   | ►                 | -12,846.      |  |                                  | -12,846.  |
|   | 9 a     | Gross income from gaming ac                                 |                   |                   |               |  |                                  |   |
|   |         | Part IV, line 19  |                   |                   |               |  |                                  |   |
|   |         | Less: direct expenses                                       |                   |                   |               |  |                                  |   |
|   |         | Net income or (loss) from gam                               |                   | 🕨                 |               |  |                                  |   |
| 1   | 10 a    | Gross sales of inventory, less                              |                   |                   |               |  |                                  |   |
|   | Ŀ       | and allowances  |                   |                   |               |  |                                  |   |
|   |         | Less: cost of goods sold<br>Net income or (loss) from sales |                   |                   |               |  |                                  |   |
| F   | C       | Miscellaneous Revenue                                       |                   | Business Code     |               |  |                                  |   |
| F   | 11 a    | MISCELLANEOUS   | -                 | 624100            | 316,605.      | 304,576.                                 |                                  | 12,029.   |
|   | b       |   |                   |                   | ,             |  |                                  | ,   |
|   | c       |   |                   |                   |               |  |                                  |   |
|   |         | All other revenue   |                   |                   |               |  |                                  |   |
|   |         | Total. Add lines 11a-11d                                    |                   | ►                 | 316,605.      |  |                                  |   |
|   | 12      | Total revenue. See instructions                             |                   |                   | 4,543,644.    | 304,576.                                 | 0 .                              | -536.   |

PUBLIC LAW CENTER

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95-3709253

|    | Check if Schedule O contains a respons  | se or note to any line in    | this Part IX                              |  | X                                     |
|----|---|------------------------------|---|--|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                            | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations   |                              |   |  |                                       |
|    | and domestic governments. See Part IV, line 21  |                              |   |  |                                       |
| 2  | Grants and other assistance to domestic   |                              |   |  |                                       |
|    | individuals. See Part IV, line 22   |                              |   |  |                                       |
| 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,  |                              |   |  |                                       |
|    | trustees, and key employees   | 185,000.                     | 164,650.                                  | 11,100.  | 9,250.                                |
| 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  | 2,093,186.                   | 1,275,489.                                | 640,417.   | 177,280.                              |
| 8  | Pension plan accruals and contributions (include  |                              |   |  |                                       |
|    | section 401(k) and 403(b) employer contributions)   | 45,085.                      | 28,404.                                   | 13,075.  | 3,606.<br>26,113.                     |
| 9  | Other employee benefits   | 317,779.                     | 200,962.                                  | 90,704.  | 26,113.                               |
| 10 | Payroll taxes   | 164,880.                     | 104,221.                                  | 47,156.  | 13,503.                               |
| 11 | Fees for services (non-employees):  |                              |   |  |                                       |
| а  | Management  |                              |   |  |                                       |
| b  | Legal   |                              |   |  |                                       |
| с  | Accounting  |                              |   |  |                                       |
| d  | Lobbying  |                              |   |  |                                       |
| е  | Professional fundraising services. See Part IV, line 17   |                              |   |  |                                       |
| f  | Investment management fees  |                              |   |  |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  |                              |   |  |                                       |
|    | column (A) amount, list line 11g expenses on Sch 0.)  | 583,439.                     | 437,152.                                  | 54,162.  | 92,125.                               |
| 12 | Advertising and promotion   | <u> </u>                     | 40.000                                    | 10.005   |                                       |
| 13 | Office expenses   | 63,138.                      | 49,393.                                   | 10,905.  | 2,840.                                |
| 14 | Information technology  |                              |   |  |                                       |
| 15 | Royalties   | 00 710                       | 70 070                                    | 10 540   | 1 007                                 |
| 16 | Occupancy   | 90,719.                      | 70,970.                                   | 18,542.  | 1,207.                                |
| 17 | Travel  |                              |   |  |                                       |
| 18 | Payments of travel or entertainment expenses  |                              |   |  |                                       |
|    | for any federal, state, or local public officials   | 42 007                       | 42.007                                    |  |                                       |
| 19 | Conferences, conventions, and meetings  | 43,997.                      | 43,997.                                   | 1 1 1 0  | 110                                   |
| 20 | Interest  | 8,404.                       | 6,574.                                    | 1,718.   | 112.                                  |
| 21 | Payments to affiliates  |                              | 20.000                                    |  | 250                                   |
| 22 | Depreciation, depletion, and amortization   | 26,833.                      | 20,992.                                   | 5,485.   | 356.                                  |
| 23 |   | 33,842.                      | 32,015.                                   | 1,715.   | 112.                                  |
| 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.)  | 01 625                       | 62 062                                    | 16 606   | 1 006                                 |
|    | EQUIP MAINTENANCE   | 81,635.                      | 63,863.                                   | 16,686.  | 1,086.                                |
| b  | LITIGATION  | 77,909.                      | 77,909.                                   |  |                                       |
| C  | LIBRARY<br>TELEDUONE  | 49,675.                      | 49,675.<br>26,913.                        | 7,032.   | 457.                                  |
| d  | TELEPHONE   | 34,402.<br>58,253.           | 42,503.                                   | 7,032.   | 8,424.                                |
|    | All other expenses  | <u> </u>                     | <u>42,503</u> .<br>2,695,682.             | 926,023.   | <u>8,424</u> .<br>336,471.            |
| 25 | Total functional expenses. Add lines 1 through 24e  | ο, 1, οςς, c                 | ۷,0۶۵,002.                                | 940,043.   | JJ0,4/⊥.                              |
| 26 | <b>Joint costs.</b> 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)  |                              |   |  |                                       |

PUBLIC LAW CENTER Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

X

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#### PUBLIC LAW CENTER

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

| 1       Cash - non-interest-bearing       70,441.1       1       2         2       Savings and temporary cash investments       522,164.2       2       6         3       Pledges and grants receivable, net       216,188.3       3       3         4       Accounts receivable, net       100.4       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       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       7         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       263,881.       8         9       Less: accumulated depreciation       10a       293,346.493,502.10c       4         11       Investments - publicly traded securities       11       12       13         11       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       14       25,000.15       14 | of year   |
|---|-----------|
| 2       Savings and temporary cash investments       522,164.2       2       6         3       Pledges and grants receivable, net       216,188.3       3       3         4       Accounts receivable, net       100.4       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       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 employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       10a       763,881.         9       Prepaid expenses and deferred charges       10b       293,346.493,502.10c       4         11       Investments - publicly traded securities       11       12       12         12       Investments - other securities. See Part IV, line 11       12       13       14         14       Intangible assets       14       14  |           |
| 3       Pledges and grants receivable, net       216,188.3       3         4       Accounts receivable, net       100.4         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 employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       763,881.       10b         11       Investments - publicly traded securities       11         12       Investments - program-related. See Part IV, line 11       12         13       Intargible assets       14  | 05,535.   |
| 4       Accounts receivable, net       100.4         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 employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       763,881.       10         11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Intangible assets       14         15       Other assets. See Part IV, line 11       13  | 26,236.   |
| 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 employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       9       Prepaid expenses and deferred charges       54,186. 9         10a       263,881.       10b       293,346.       493,502. 10c       4         11       Investments - publicly traded securities       11       11       12         11       Investments - program-related. See Part IV, line 11       13       13         14       Intangible assets       14       14   | 100.      |
| Itrustees, key employees, and highest compensated employees. Complete       5         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 employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7 Notes and loans receivable, net       7         8 Inventories for sale or use       8         9 Prepaid expenses and deferred charges       54,186.9         10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a 763,881.         b Less: accumulated depreciation       10b 293,346.       493,502.       10c         11 Investments - publicly traded securities       11       12         13 Investments - other securities. See Part IV, line 11       13       14         14 Intangible assets       14  |           |
| Part II of Schedule L 5<br>6 Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employees' beneficiary organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L 6<br>7 Notes and loans receivable, net 7<br>8 Inventories for sale or use 8<br>9 Prepaid expenses and deferred charges 54,186. 9<br>10a Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D 10a 763,881.<br>b Less: accumulated depreciation 10b 293,346. 493,502. 10c 4<br>11 Investments - publicly traded securities 11<br>12 Investments - other securities. See Part IV, line 11<br>13 Investments - program-related. See Part IV, line 11<br>14 Intangible assets 14<br>15 Other assets. See Part IV, line 11  |           |
| 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       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       2763,881.         b       Less: accumulated depreciation       10b       293,346.493,502.10c       4         11       Investments - publicly traded securities       11       12         12       Investments - other securities. See Part IV, line 11       13       13         14       Intangible assets       14       14  |           |
| 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       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.       493,502.       10c       4         11       Investments - publicly traded securities       11       12       13       14       13         14       Intangible assets       14       25,000.       15  |           |
| employers and sponsoring organizations of section 501(c)(9) voluntary       6         mployees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.493,502.10c       4         11       Investments - publicly traded securities       11       12         12       Investments - other securities. See Part IV, line 11       13       13         14       Intangible assets       14       14  |           |
| employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.       493,502.       10c       4         11       Investments - publicly traded securities       11       12       11         12       Investments - other securities. See Part IV, line 11       13       14         14       Intangible assets       14       25,000.       15  |           |
| 7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       54,186.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.       493,502.       10c       4         11       Investments - publicly traded securities       11       12       11         12       Investments - other securities. See Part IV, line 11       13       13         14       Intangible assets       14       25,000.       15  |           |
| 9       Prepaid expenses and deferred charges       54,186.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.       493,502.       10c       4         11       Investments - publicly traded securities       11       12       11       12         12       Investments - other securities. See Part IV, line 11       13       13       14         14       Intangible assets       14       25,000.       15  |           |
| 9       Prepaid expenses and deferred charges       54,186.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.       493,502.       10c       4         11       Investments - publicly traded securities       11       12       11         12       Investments - other securities. See Part IV, line 11       12       13         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       14       25,000.       15   |           |
| 10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       763,881.         b       Less: accumulated depreciation       10b       293,346.       493,502.       10c       4         11       Investments - publicly traded securities       11       11       11         12       Investments - other securities. See Part IV, line 11       12       12         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       14       14  | 80,674.   |
| 11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       25,000.   |           |
| 11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       25,000.   |           |
| 11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       25,000.   | 70,535.   |
| 13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       25,000.   |           |
| 14         Intangible assets         14           15         Other assets. See Part IV, line 11         25,000.15   |           |
| 15         Other assets. See Part IV, line 11         25,000.         15  |           |
|   |           |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,381,581,146 1,9  | 25,000.   |
|   | 11,183.   |
| 17       Accounts payable and accrued expenses       112,210.17       2   | 15,212.   |
| 18         Grants payable         18  |           |
|   | 41,667.   |
| 20 Tax-exempt bond liabilities 20   |           |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21   |           |
| 22 Loans and other payables to current and former officers, directors, trustees,  |           |
| key employees, highest compensated employees, and disqualified persons.   |           |
| key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L 22  | 01 015    |
| 23 Secured mortgages and notes payable to unrelated third parties   | 81,015.   |
| 24   Unsecured notes and loans payable to unrelated third parties   24  |           |
| 25 Other liabilities (including federal income tax, payables to related third   |           |
| parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 4,611.    |
| Schedule D         II,161.25           26         Total liabilities. Add lines 17 through 25         623,371.26   | 42,505.   |
| Organizations that follow SFAS 117 (ASC 958), check here ► X and  | 42,505.   |
| semulate lines 07 through 00, and lines 00 and 04   |           |
| 27         Unrestricted net assets         716,495. 27         1,2  | 94,843.   |
| 28   Temporarily restricted net assets  | 73,835.   |
| 29 Permanently restricted net assets 29   |           |
| Organizations that do not follow SFAS 117 (ASC 958), check here   |           |
| and complete lines 30 through 34.   |           |
| complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets         28       Temporarily restricted net assets         29       Permanently restricted net assets         29       Organizations that do not follow SFAS 117 (ASC 958), check here         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building, or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balancor   |           |
| 31 Paid-in or capital surplus, or land, building, or equipment fund   |           |
| 32 Retained earnings, endowment, accumulated income, or other funds 32  |           |
|   | 68,678.   |
| 34 Total liabilities and net assets/fund balances 1,381,581. 34 1,9   | <u></u> . |

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#### 12 2018.04030 PUBLIC LAW CENTER

#### 83938Q\_1

| Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 12)       2       3,958,1766.         2       3,958,1766.       2       3,958,1766.         3       S855,468.       4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       758,210.         5       Net unrealized gains (losses) on investments       5       6       6         6       0       7       8       25,000.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9       0.       1       1,368,678.         Column (B)       9       0.       0       1       1,368,678.       1       1,368,678.         Part XII       Financial Statements and Reporting       10       1,368,678.       2       2       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X       X<   | Form | 990 (2018) PUBLIC LAW CENTER  | 95-370    | 9253         | Pad  | <sub>ge</sub> 12 |
|---|------|---|-----------|--------------|------|------------------|
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       4, 543, 644.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 958, 1776.         3       Revenue less expenses. Subtract line 2 from line 1       3       585, 468.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       758, 210.         5       Donated services and use of facilities       6   |      |   |           |              |      |                  |
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       4, 543, 644.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 958, 1776.         3       Revenue less expenses. Subtract line 2 from line 1       3       585, 468.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       758, 210.         5       Donated services and use of facilities       6   |      | Check if Schedule O contains a response or note to any line in this Part XI                                     |           |              |      |                  |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 958, 176.         3       Revenue less expenses. Subtract line 2 from line 1       3       585, 468.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       758, 210.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       8         7       8       Prior period adjustments       8       25, 000.         9       0.       9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1, 368, 678.          0.       1, 368, 678.       1, 368, 678.       1, 368, 678.          Check if Schedule 0 contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis   |      |   |           |              |      |                  |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 958, 176.         3       Revenue less expenses. Subtract line 2 from line 1       3       588, 468.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       758, 210.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       8         7       8       Prior period adjustments       8       25, 000.         9       0.       9       0.       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       1       , 368, 678.          1       , 368, 678.       1       , 368, 678.          Check if Schedule 0 contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other   | 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 4,543        | 3,64 | 44.              |
| 4       758, 210.         5       5         6       6         7       6         7       8         9       0.         9       0.         9       0.         10       Net assets or fund balances (explain in Schedule 0)         9       0.         10       Net assets or fund balances (explain in Schedule 0)         9       0.         10       Net assets or fund balances (explain in Schedule 0)         9       0.         10       Net assets or fund balances (explain in Schedule 0)         9       0.         10       Net assets or fund balances (explain in Schedule 0)         9       0.         10       1, 368, 678.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         11       ft "Yes, 'heck a box below to indicate whether the financial statements   | 2    |   | 2         | 3,958        | 3,1' | 76.              |
| 4       758,210.         5       Net unrealized gains (losses) on investments         6       5         7       6         6       7         7       8         9       0.         9       0.         10       Net assets or fund balances (explain in Schedule O)         9       0.         10       Net assets or fund balances (explain in Schedule O)         9       0.         10       Net assets or fund balances (explain in Schedule O)         9       0.         10       Net assets or fund balances (explain in Schedule O)         9       0.         10       Net assets or fund balances (explain in Schedule O)         9       0.         10       Net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other   | 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 585          | 5,40 | 68.              |
| 6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8       25,000.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1,368,678.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting financial statements compiled or reviewed by an independent accountant?       2a       X       X         1       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis.       b       betre organization's financial statements audited by an  | 4    |   | 4         | 758          | 3,2  | 10.              |
| 7       investment expenses       7         8       Prior period adjustments       8       25,000.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E))       10       1, 368, 678.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       S hot consolidated Dot       2a       X         1       * Yes, " check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis, or both:       2a       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         1       f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basi   | 5    | Net unrealized gains (losses) on investments  | 5         |              |      |                  |
| 8       Prior period adjustments       8       25,000.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       1,368,678.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Donsolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements and selection of a indepe   | 6    | Donated services and use of facilities  | 6         |              |      |                  |
| 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1, 368, 678.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   X Account (C) Yes   1 Accounting method used to prepare the Form 990: Cash   X Account or changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization of its financial statements and selection of an independent accountant?   If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a X   b I   | 7    | Investment expenses   | 7         |              |      |                  |
| 10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       1, 368, 678.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Dot x       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Dot x       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Za         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Za         If "Yes," the cha abasis       Consolidated basis       Both consolida  | 8    | Prior period adjustments  | 8         | 25           | 5,0  |                  |
| column (B)       10       1,368,678.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Doth consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       consolidated basis.       consolidated basis.         b       Were the organization of its financial statements and selection of an independent accountant?       2c       X         If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circul  | 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9         |              |      | 0.               |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements andited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax yea  | 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,              |           |              |      |                  |
| Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       3a       X         b ft "Yes," did the organization undergo the required audit or audits? If   |      |   | 10        | <u>1,368</u> | 3,6' | 78.              |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other  | Pa   | rt XII Financial Statements and Reporting   |           |              |      |                  |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the prepare to the prepare   |      | Check if Schedule O contains a response or note to any line in this Part XII                                    |           | ·····        |      | X                |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X <tr< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<> |      |   |           |              | Yes  | No               |
| 2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization di   | 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |              |      |                  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis   |      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  | О.        |              |      |                  |
| separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Consolidated audit or audits as set forth in the Single Audit       Image: Consolidated audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit       Image: Consolidated audit         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Consolidated audit       Image: Con             | 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |           | 2a           |      | X                |
| <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>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</li> </ul>   |      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a      |              |      |                  |
| b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       4       4         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       X         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       3b       4   |      | separate basis, consolidated basis, or both:  |           |              |      |                  |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:   |      | Separate basis Consolidated basis Both consolidated and separate basis  |           |              |      |                  |
| consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis   | b    | Were the organization's financial statements audited by an independent accountant?                              |           | 2b           | X    |                  |
| X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis  |      |   | e basis,  |              |      |                  |
| c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         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       3b   |      |   |           |              |      |                  |
| review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         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       3b   |      |   |           |              |      |                  |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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  | С    |   | e audit,  |              |      |                  |
| 3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         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       3b   |      |   |           | 2c           | X    |                  |
| Act and OMB Circular A-133?       3a       X         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       3b  |      |   |           |              |      |                  |
| 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   |   | 0         |              |      |                  |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |      |   |           | 3a           |      | <u> </u>         |
|   | b    |   | red audit |              |      |                  |
|   |      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                        |           |              | 000  |                  |

Form **990** (2018)

| SCHE | DUL | .E A |
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|------|-----|------|

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **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.

| OMB No. 1545-0047            |
|------------------------------|
| 2018                         |
| Open to Public<br>Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Name o       | of the organization                                       |                         |  |                   |                  |                                 |               | identification number      |
|--------------|---|-------------------------|--|-------------------|------------------|---------------------------------|---------------|----------------------------|
| Devit        |   | IC LAW CEN              |  |                   |                  |                                 |               | 5-3709253                  |
| Part         | Reason for Public   | Charity Status (        | All organizations must co                              | mplete th         | is part.) Se     | e instruction                   | S.            |                            |
| The org      | anization is not a private found                          | lation because it is: ( | For lines 1 through 12, c                              | neck only (       | one box.)        |                                 |               |                            |
| 1            | A church, convention of ch                                | urches, or associatio   | on of churches described                               | in sectio         | n 170(b)(1       | I)(A)(i).                       |               |                            |
| 2            | A school described in <b>sect</b>                         | ion 170(b)(1)(A)(ii).(  | Attach Schedule E (Form                                | n 990 or 99       | 90-EZ).)         |                                 |               |                            |
| 3 _          | A hospital or a cooperative                               |                         |  |                   |                  | •                               |               |                            |
| 4            | A medical research organiz                                | ation operated in co    | njunction with a hospital                              | described         | in sectio        | n 170(b)(1)(A                   | )(iii). Enter | the hospital's name,       |
| _            | _ city, and state:  |                         |  |                   |                  |                                 |               |                            |
| 5 🗌          | An organization operated for                              |                         | llege or university owned                              | or operate        | ed by a go       | overnmental u                   | nit describe  | ed in                      |
| _            | section 170(b)(1)(A)(iv). (0                              | Complete Part II.)      |  |                   |                  |                                 |               |                            |
| 6            | A federal, state, or local go                             | -                       |  |                   |                  |                                 |               |                            |
| 7 X          |   |                         | ntial part of its support fr                           | om a gove         | ernmental        | unit or from tl                 | ne general p  | public described in        |
|              | section 170(b)(1)(A)(vi). (C                              |                         |  |                   |                  |                                 |               |                            |
| 8            | A community trust describe                                |                         |  |                   |                  |                                 |               |                            |
| 9            | An agricultural research org                              |                         |  |                   |                  |                                 |               |                            |
|              | or university or a non-land-g                             | grant college of agric  | ulture (see instructions).                             | Enter the I       | name, city       | , and state of                  | the college   | or                         |
|              | university:   |                         |  |                   |                  |                                 |               |                            |
| 10 🗌         | An organization that norma                                |                         |  |                   |                  |                                 |               |                            |
|              | activities related to its exen                            |                         |  |                   |                  |                                 |               |                            |
|              | income and unrelated busin                                |                         | (less section 511 tax) fro                             | m busines         | ses acqui        | rea by the org                  | janization a  | πer June 30, 1975.         |
| <b>.</b>     | See section 509(a)(2). (Co                                |                         | walk to toot for public oo                             | intu Can          | oootion E(       | O(a)(4)                         |               |                            |
| 11 L<br>12 L | An organization organized a                               |                         |  |                   |                  |                                 | m out the     | nurnance of one or         |
|              | An organization organized a<br>more publicly supported or | -                       | -  |                   |                  |                                 | •             |                            |
|              | lines 12a through 12d that                                | -                       |  |                   |                  |                                 |               |                            |
| a            | <b>Type I.</b> A supporting orga                          |                         |  |                   |                  |                                 | -             | nivina                     |
| u L          | the supported organization                                | -                       |  | • • • •           | -                |                                 |               |                            |
|              | organization. You must o                                  |                         |  | majority o        |                  |                                 |               | ipporting                  |
| b            | Type II. A supporting org                                 | -                       |  | ion with its      | s supporte       | ed organizatio                  | n(s), by hav  | rina                       |
|              | control or management of                                  |                         |  |                   |                  |                                 |               |                            |
|              | organization(s). You mus                                  |                         |  |                   |                  |                                 | <b>3</b>      |                            |
| с            | Type III functionally inte                                | • •                     |  | in connect        | tion with, a     | and functiona                   | lly integrate | d with,                    |
|              | its supported organizatio                                 |                         |  |                   |                  |                                 | , ,           | ·                          |
| d [          | Type III non-functionally                                 |                         |  |                   |                  |                                 | rted organiz  | ation(s)                   |
|              | that is not functionally int                              | tegrated. The organiz   | ation generally must sat                               | isfy a distri     | ibution rec      | quirement and                   | an attentiv   | veness                     |
|              | requirement (see instruct                                 | ions). You must cor     | nplete Part IV, Sections                               | A and D,          | and Part         | <b>v</b> .                      |               |                            |
| е [          | Check this box if the orga                                | anization received a    | written determination from                             | m the IRS         | that it is a     | Туре I, Туре                    | II, Type III  |                            |
|              | functionally integrated, or                               | r Type III non-functio  | nally integrated supporti                              | ng organiz        | ation.           |                                 |               |                            |
| f E          | nter the number of supported o                            | organizations           |  |                   |                  |                                 |               |                            |
| <b>g</b> P   | rovide the following information                          |                         |  | (in) to the order | anization listed |                                 |               |                            |
|              | (i) Name of supported<br>organization                     | (ii) EIN                | (iii) Type of organization<br>(described on lines 1-10 | in your governi   | ng document?     | (v) Amount o<br>support (see in | -             | (vi) Amount of other       |
|              | organization  |                         | above (see instructions))                              | Yes               | No               | support (see in                 | istructions)  | support (see instructions) |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
|              |   |                         |  |                   |                  |                                 |               |                            |
| Total        |   |                         |  |                   |                  |                                 |               |                            |
|              | r Paperwork Reduction Act N                               | lotice, see the Instr   | uctions for Form 990 or                                | 990-EZ.           | 832021 10-       | 11-18 Sche                      | dule A (For   | m 990 or 990-EZ) 2018      |

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#### Schedule A (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER

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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.)

| See  | ction A. Public Support  |                         |                       |                        |                      |                   |  |
|------|--|-------------------------|-----------------------|------------------------|----------------------|-------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨                                    | (a) 2014                | <b>(b)</b> 2015       | (c) 2016               | (d) 2017             | (e) 2018          | (f) Total                              |
| 1    | Gifts, grants, contributions, and  |                         |                       |                        |                      |                   |  |
|      | membership fees received. (Do not  |                         |                       |                        |                      |                   |  |
|      | include any "unusual grants.")   | 2634550.                | 2277165.              | 3016644.               | 3408051.             | 4239604.          | 15576014.                              |
| 2    | Tax revenues levied for the organ-   |                         |                       |                        |                      |                   |  |
|      | ization'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  |                         |                       |                        |                      |                   |  |
|      | Total. Add lines 1 through 3   | 2634550.                | 2277165.              | 3016644.               | 3408051.             | 4239604.          | 15576014.                              |
| 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)   |                         |                       |                        |                      |                   | 266,760.                               |
|      | Public support. Subtract line 5 from line 4.                                 |                         |                       |                        |                      |                   | 15309254.                              |
| See  | ction B. Total Support   | 1                       | <b></b>               | 1                      | 1                    | 1                 |  |
|      | ndar year (or fiscal year beginning in) 🕨                                    | (a) 2014                | (b) 2015              | (c) 2016               | (d) 2017             | (e) 2018          | (f) Total                              |
| 7    | Amounts from line 4  | 2634550.                | 2277165.              | 3016644.               | 3408051.             | 4239604.          | 15576014.                              |
| 8    | Gross income from interest,  |                         |                       |                        |                      |                   |  |
|      | dividends, payments received on  |                         |                       |                        |                      |                   |  |
|      | securities loans, rents, royalties,  |                         |                       |                        |                      |                   |  |
|      | and income from similar sources $\dots$                                      | 223.                    | 84.                   | 129.                   | 204.                 | 281.              | 921.                                   |
| 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.)   | 53,122.                 | 63,070.               | 140,161.               | 306,116.             |                   | 879,074.                               |
| 11   | Total support. Add lines 7 through 10  |                         |                       |                        |                      |                   | 16456009.                              |
| 12   | Gross receipts from related activities,                                      | etc. (see instructio    | ons)                  |                        |                      | 12                | 733,226.                               |
| 13   | First five years. If the Form 990 is for                                     | r the organization's    | s first, second, thir | d, fourth, or fifth ta | ix year as a sectior | n 501(c)(3)       |  |
| Sec  | organization, check this box and <b>sto</b><br>ction C. Computation of Publi | o here<br>c Support Per | centage               |                        |                      |                   |  |
|      | Public support percentage for 2018 (I  |                         |                       | olump (f))             |                      | 14                | 93.03 %                                |
|      | Public support percentage from 2017  |                         | •                     |                        |                      | 15                | 92.10 %                                |
|      | <b>33 1/3% support test - 2018.</b> If the o                                 |                         |                       |                        |                      |                   |  |
| 108  | stop here. The organization qualifies  |                         |                       |                        |                      |                   |  |
| h    | 33 1/3% support test - 2017. If the o  |                         | -                     |                        | lino 15 is 22 1/20/  |                   | ······································ |
|      | and stop here. The organization qual   |                         |                       |                        |                      |                   |  |
| 17-  | 10% -facts-and-circumstances test  |                         |                       |                        |                      |                   |  |
| 178  | and if the organization meets the "fac                                       |                         |                       |                        |                      |                   |  |
|      | -  |                         |                       | -                      |                      | -                 |  |
| L    | meets the "facts-and-circumstances"<br>10% -facts-and-circumstances test     | -                       |                       | • • • •                | -                    | 7a and line 15 is |  |
| C    |  |                         |                       |                        |                      |                   |  |
|      | more, and if the organization meets the                                      |                         |                       |                        |                      |                   | -                                      |
| 10   | organization meets the "facts-and-circ                                       |                         | -                     | -                      | • • • •              |                   |  |
| 10   | Private foundation. If the organization                                      | T UIU HOL CHECK A       |                       | a, 100, 17a, 0f 17b    |                      |                   | or 990-EZ) 2018                        |
|      |  |                         |                       |                        | 00110                |                   |  |

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#### Schedule A (Form 990 or 990 EZ) 2018 PUBLIC LAW CENTER

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |                                 |                       | _                     |                     | <u>.</u>          |              |
|--|---------------------------------|-----------------------|-----------------------|---------------------|-------------------|--------------|
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2014                        | <b>(b)</b> 2015       | (c) 2016              | (d) 2017            | (e) 2018          | (f) Total    |
| 1 Gifts, grants, contributions, and  |                                 |                       |                       |                     |                   |              |
| membership fees received. (Do not  |                                 |                       |                       |                     |                   |              |
| include any "unusual grants.")   |                                 |                       |                       |                     |                   |              |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose           |                                 |                       |                       |                     |                   |              |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus-  |                                 |                       |                       |                     |                   |              |
| iness under section 513  |                                 |                       |                       |                     |                   |              |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                                 |                       |                       |                     |                   |              |
| 5 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                                 |                       |                       |                     |                   |              |
|  |                                 |                       |                       |                     |                   |              |
| <ul> <li>6 Total. Add lines 1 through 5</li> <li>7a Amounts included on lines 1, 2, and 3 received from disgualified persons</li> </ul>  |                                 |                       |                       |                     |                   |              |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                   |                                 |                       |                       |                     |                   |              |
| <b>c</b> Add lines 7a and 7b   |                                 |                       |                       |                     |                   |              |
| 8 Public support. (Subtract line 7c from line 6.)<br>Section B. Total Support  |                                 |                       |                       |                     |                   |              |
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2014                        | (b) 2015              | (c) 2016              | (d) 2017            | (e) 2018          | (f) Total    |
| <ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties,<br/>and income from similar sources</li> </ul> |                                 |                       |                       |                     |                   |              |
| <b>b</b> Unrelated business taxable income   |                                 |                       |                       |                     |                   |              |
| (less section 511 taxes) from businesses acquired after June 30, 1975  |                                 |                       |                       |                     |                   |              |
| <b>c</b> Add lines 10a and 10b   |                                 |                       |                       |                     |                   |              |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                                 |                       |                       |                     |                   |              |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                                 |                       |                       |                     |                   |              |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)   | L                               |                       |                       |                     |                   |              |
| 14 First five years. If the Form 990 is for  | <sup>·</sup> the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) orgar | nization,    |
| check this box and stop here   |                                 |                       |                       |                     |                   |              |
| Section C. Computation of Publi  | c Support Per                   | centage               |                       |                     |                   |              |
| <b>15</b> Public support percentage for 2018 (I  | ine 8, column (f), d            | livided by line 13,   | column (f))           |                     | 15                | %            |
| 16 Public support percentage from 2017   |                                 |                       |                       |                     | 16                | %            |
| Section D. Computation of Inves  |                                 |                       |                       |                     |                   |              |
| 17 Investment income percentage for 20   |                                 | '                     |                       |                     | 17                | %            |
| <b>18</b> Investment income percentage from  |                                 |                       |                       |                     | <b>18</b>         | %            |
| <b>19a 33 1/3% support tests - 2018.</b> If the  |                                 |                       |                       |                     |                   | e 1 / is not |
| more than 33 1/3%, check this box ar   |                                 |                       |                       |                     |                   |              |
| <b>b 33 1/3% support tests - 2017.</b> If the  |                                 |                       |                       |                     |                   |              |
| line 18 is not more than 33 1/3%, che<br>20 Private foundation. If the organization  |                                 |                       |                       |                     |                   |              |
| 20 Private foundation. If the organization   | n did hot check a               | DUX UIT IIILE 14, 19  | a, UL 190, CHECK I    |                     |                   |              |
| 002020 10-11-10  |                                 | 16                    | ·                     | 30                  |                   |              |

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Yes No

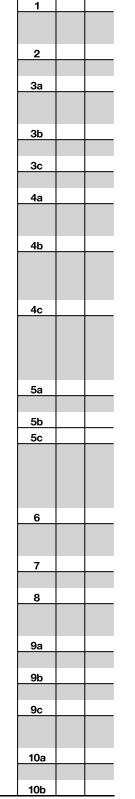
#### Part IV Supporting Organizations

(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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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|       |   |          | Yes   | No   |
|-------|---|----------|-------|------|
| 11    | Has the organization accepted a gift or contribution from any of the following persons?   |          |       |      |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                      |          |       |      |
|       | below, the governing body of a supported organization?  | 11a      |       |      |
| b     | A family member of a person described in (a) above?   | 11b      |       |      |
| с     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.             | 11c      |       |      |
|       | tion B. Type I Supporting Organizations   |          |       |      |
|       |   |          | Yes   | No   |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to                               |          |       |      |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the                |          |       |      |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                     |          |       |      |
|       | controlled the organization's activities. If the organization had more than one supported organization,                           |          |       |      |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                         |          |       |      |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                            | 1        |       |      |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported                               |          |       |      |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                        |          |       |      |
|       | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                       |          |       |      |
|       | supervised, or controlled the supporting organization.  | 2        |       |      |
| Sec   | tion C. Type II Supporting Organizations  |          |       |      |
|       |   |          | Yes   | No   |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                  |          |       |      |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                     |          |       |      |
|       | or management of the supporting organization was vested in the same persons that controlled or managed                            |          |       |      |
|       | the supported organization(s).  | 1        |       |      |
| Sec   | tion D. All Type III Supporting Organizations   |          |       |      |
|       |   |          | Yes   | No   |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                    |          |       |      |
|       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax             |          |       |      |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the            |          |       |      |
|       | organization's governing documents in effect on the date of notification, to the extent not previously provided?                  | 1        |       |      |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                  |          |       |      |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                |          |       |      |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).                       | 2        |       |      |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a                             |          |       |      |
|       | significant voice in the organization's investment policies and in directing the use of the organization's                        |          |       |      |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                      |          |       |      |
|       | supported organizations played in this regard.  | 3        |       |      |
| Sec   | tion E. Type III Functionally Integrated Supporting Organizations   |          |       |      |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |          |       |      |
| а     | The organization satisfied the Activities Test. Complete line 2 below.  |          |       |      |
| b     |   |          |       |      |
| с     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr            | uctions  |       |      |
| 2     | Activities Test. Answer (a) and (b) below.  | ,        | Yes   | No   |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                |          |       |      |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                        |          |       |      |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,                          |          |       |      |
|       | how the organization was responsive to those supported organizations, and how the organization determined                         |          |       |      |
|       | that these activities constituted substantially all of its activities.  | 2a       |       |      |
| 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.  | 2b       |       |      |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.  |          |       |      |
| а     | 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.  | 3a       |       |      |
| 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.                 | 3b       |       |      |
| 83202 | 5 10-11-18 Schedule A (Form 9   | 90 or 99 | 0-EZ) | 2018 |

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# Schedule A (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| Section A - Adjusted Net Income  |     | (A) Prior Year | (B) Current Year<br>(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   |                |                                |
| 6 Portion of operating expenses paid or incurred for production or             |     |                |                                |
| collection of gross income or for management, conservation, or                 |     |                |                                |
| maintenance of property held for production of income (see instructions)       | 6   |                |                                |
| 7 Other expenses (see instructions)  | 7   |                |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8   |                |                                |
| Section B - Minimum Asset Amount   |     | (A) Prior Year | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see                |     |                |                                |
| instructions for short tax year or assets held for part of year):              |     |                |                                |
| a Average monthly value of securities  | 1a  |                |                                |
| b Average monthly cash balances  | 1b  |                |                                |
| c Fair market value of other non-exempt-use assets                             | 1c  |                |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d  |                |                                |
| e Discount claimed for blockage or other                                       |     |                |                                |
| factors (explain in detail in <b>Part VI</b> ):                                |     |                |                                |
| 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 amoun   | nt, |                |                                |
| see instructions)  | 4   |                |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5   |                |                                |
| 6 Multiply line 5 by .035  | 6   |                |                                |
| 7 Recoveries of prior-year distributions                                       | 7   |                |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)                                  | 8   |                |                                |
| Section C - Distributable Amount   |     |                | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)        | 1   |                |                                |
| 2 Enter 85% of line 1  | 2   |                |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)       | 3   |                |                                |
| 4 Enter greater of line 2 or line 3  | 4   |                |                                |
| 5 Income tax imposed in prior year   | 5   |                |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to         |     |                |                                |
| emergency temporary reduction (see instructions)                               | 6   |                |                                |
| 7 Check here if the current year is the organization's first as a non-function |     |                | nization (see                  |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER

| Sect | ion D - Distributions  |                               |                                | Current Year                     |
|------|--|-------------------------------|--------------------------------|----------------------------------|
| 1    | Amounts paid to supported organizations to accomplish exer           | mpt purposes                  |                                |                                  |
| 2    | Amounts paid to perform activity that directly furthers exemp        |                               |                                |                                  |
|      | organizations, in excess of income from activity                     |                               |                                |                                  |
| 3    | Administrative expenses paid to accomplish exempt purpose            | es of supported organizations | 3                              |                                  |
| 4    | Amounts paid to acquire exempt-use assets                            |                               |                                |                                  |
| 5    | Qualified set-aside amounts (prior IRS approval required)            |                               |                                |                                  |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions. |                               |                                |                                  |
| 7    | Total annual distributions. Add lines 1 through 6.                   |                               |                                |                                  |
| 8    | Distributions to attentive supported organizations to which the      | ne organization is responsive |                                |                                  |
|      | (provide details in <b>Part VI</b> ). See instructions.              |                               |                                |                                  |
| 9    | Distributable amount for 2018 from Section C, line 6                 |                               |                                |                                  |
| 10   | Line 8 amount divided by line 9 amount                               |                               |                                |                                  |
|      |  | (i)                           | (ii)                           | (iii)                            |
| Sect | ion E - Distribution Allocations (see instructions)                  | Excess Distributions          | Underdistributions<br>Pre-2018 | Distributable<br>Amount for 2018 |
| 1    | Distributable amount for 2018 from Section C, line 6                 |                               |                                |                                  |
| 2    | Underdistributions, if any, for years prior to 2018 (reason-         |                               |                                |                                  |
|      | able cause required- explain in Part VI). See instructions.          |                               |                                |                                  |
| 3    | Excess distributions carryover, if any, to 2018                      |                               |                                |                                  |
| а    | From 2013  |                               |                                |                                  |
| b    | From 2014  |                               |                                |                                  |
| С    | From 2015  |                               |                                |                                  |
| d    | From 2016  |                               |                                |                                  |
| е    | From 2017  |                               |                                |                                  |
| f    | Total of lines 3a through e  |                               |                                |                                  |
| g    | Applied to underdistributions of prior years                         |                               |                                |                                  |
| h    | Applied to 2018 distributable amount                                 |                               |                                |                                  |
| i    | Carryover from 2013 not applied (see instructions)                   |                               |                                |                                  |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |                                |                                  |
| 4    | Distributions for 2018 from Section D,                               |                               |                                |                                  |
|      | line 7: \$   |                               |                                |                                  |
| а    | Applied to underdistributions of prior years                         |                               |                                |                                  |
| b    | Applied to 2018 distributable amount                                 |                               |                                |                                  |
| С    | Remainder. Subtract lines 4a and 4b from 4.                          |                               |                                |                                  |
| 5    | Remaining underdistributions for years prior to 2018, if             |                               |                                |                                  |
|      | any. Subtract lines 3g and 4a from line 2. For result greater        |                               |                                |                                  |
|      | than zero, explain in Part VI. See instructions.                     |                               |                                |                                  |
| 6    | Remaining underdistributions for 2018. Subtract lines 3h             |                               |                                |                                  |
|      | and 4b from line 1. For result greater than zero, explain in         |                               |                                |                                  |
|      | Part VI. See instructions.   |                               |                                |                                  |
| 7    | Excess distributions carryover to 2019. Add lines 3j                 |                               |                                |                                  |
|      | and 4c.  |                               |                                |                                  |
| 8    | Breakdown of line 7:   |                               |                                |                                  |
| а    | Excess from 2014   |                               |                                |                                  |
|      | Excess from 2015   |                               |                                |                                  |
| c    | Excess from 2016   |                               |                                |                                  |
| d    | Excess from 2017   |                               |                                |                                  |
| е    | Excess from 2018   |                               |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

# Schedule A (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER

| Section D, lines 5, 6, and 8; and Part V, (See instructions.) | ; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,<br>, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
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|   | Schedule A (Form 990 or 990-EZ) 201  |
| 332028 10-11-18   | 21   |

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

95-3709253

| PUBLIC | LAW | CENTER |
|--------|-----|--------|

| Organization type (check or | arganization type (check one):   |  |  |  |
|-----------------------------|--|--|--|--|
| Filers of:                  | Section:   |  |  |  |
| Form 990 or 990-EZ          | $\boxed{X}$ 501(c)( 3 ) (enter number) organization                              |  |  |  |
|                             | 4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set is the set in the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless to the parts unless the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for a set is the s

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page 2

#### PUBLIC LAW CENTER

95-3709253 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 109,255. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 301,881. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 475,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 87,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 88,775. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll

Noncash

120,000.

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\$

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

95-3709253

### PUBLIC LAW CENTER

| Part I        | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if ac | dditional space is needed. |  |
|---------------|--|----------------------------|--|
| (a)           | (b)  | (c)                        | (d)  |
| No.           | Name, address, and ZIP + 4   | Total contributions        | Type of contribution   |
| 7             |  | \$99,249.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)           | (b)  | (c)                        | (d)  |
| No.           | Name, address, and ZIP + 4   | Total contributions        | Type of contribution   |
| 8             |  | \$120,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 9             |  | \$1,140,100.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 10            |  | \$143,875.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|               |  | \$85,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)           | (b)  | (c)                        | (d)  |
| No.           | Name, address, and ZIP + 4   | Total contributions        | Type of contribution   |
|               |  | \$\$\$\$                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 823452 11-08- | -18  | Schedule B (Form           | 990, 990-EZ, or 990-PF) (2018)   |

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| Schedule B | (Form 990, | 990-EZ, or | 990-PF) | (2018) |
|------------|------------|------------|---------|--------|
|------------|------------|------------|---------|--------|

Name of organization

Page **3** 

Employer identification number

95-3709253

### PUBLIC LAW CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |

### 09351009 149072 83938Q

2018.04030 PUBLIC LAW CENTER

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Page 4

| ame of orga              | anization   |  |                       | Employer identification number     |
|--------------------------|---|--|-----------------------|------------------------------------|
|                          | LAW CENTER  |  |                       | 95-3709253                         |
|                          | Exclusively religious, charitable, etc., contribut<br>from any one contributor. Complete columns (a<br>completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | ) through (e) and the following line en charitable, etc., contributions of <b>\$1,000 or</b> | try For organizations |                                    |
| a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Des               | cription of how gift is held       |
|                          |   |  |                       |                                    |
|                          |   | (e) Transfer of gif  | t                     |                                    |
| -                        | Transferee's name, address, a   | nd ZIP + 4   | Relationship of tra   | insferor to transferee             |
| a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Des               | cription of how gift is held       |
|                          |   |  |                       |                                    |
|                          |   | (e) Transfer of gif  | t                     |                                    |
| -                        | Transferee's name, address, a   | nd ZIP + 4   | Relationship of tra   | Insferor to transferee             |
| -                        |   |  |                       |                                    |
| i) No.<br>rom<br>Part I  | (b) Purpose of gift   | (c) Use of gift  | (d) Desa              | cription of how gift is held       |
|                          |   |  |                       |                                    |
|                          | Transferee's name, address, a   | (e) Transfer of gif<br>nd ZIP + 4  |                       | insferor to transferee             |
| -                        |   | [  |                       |                                    |
| ) No.<br>rom<br>Part I   | (b) Purpose of gift   | (c) Use of gift  | (d) Des               | cription of how gift is held       |
|                          |   |  |                       |                                    |
|                          |   | (e) Transfer of gif  | t                     |                                    |
|                          | Transferee's name, address, a   | nd ZIP + 4   | Relationship of tra   | Insferor to transferee             |
| -                        |   |  |                       |                                    |
| 454 11-08-18             | 3   | 26   | Schedule              | B (Form 990, 990-EZ, or 990-PF) (2 |

09351009 149072 83938Q

2018.04030 PUBLIC LAW CENTER

#### SCHEDULE C

Department of the Treasury

#### (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

| Nan         | lame of organization Employer identification number |                              |  |                    |   |        |  |
|-------------|---|------------------------------|--|--------------------|---|--------|--|
|             |   | PUBLIC                       | LAW CENTER   |                    |   |        | 95-3709253   |
| Pa          | art I-A   | Complete if the org          | anization is exempt under  | section 501(c) or  | r is a section 52                           | 7 org  | anization.   |
| 1<br>2<br>3 | Political   | campaign activity expendit   | ation's direct and indirect political<br>ures<br>gn activities               |                    |   |        |  |
| Pa          | art I-B   | Complete if the org          | anization is exempt under  | section 501(c)(3)  | -   |        |  |
| 1           | Enter the   | amount of any excise tax     | incurred by the organization under   | section 4955       |   | ▶\$    |  |
| 2           | Enter the   | amount of any excise tax     | incurred by organization managers  | under section 4955 |   | . ►\$  |  |
| 3           | If the org  | anization incurred a section | n 4955 tax, did it file Form 4720 for  | this year?         |   |        | Yes No   |
| 4a          | a Was a co  | prrection made?              |  |                    |   |        | · Yes No   |
| _           | - /   | describe in Part IV.         |  |                    |   | 04(-)  | (0)  |
| Pa          | art I-C   | Complete if the org          | anization is exempt under  | section 501(c), e  | xcept section 5                             | . ,    | . ,  |
|             |   |                              | I by the filing organization for section                                     | •                  |   | ▶\$_   |  |
| 2           |   | 00                           | ization's funds contributed to othe  | 0                  |   |        |  |
|             |   |                              |  |                    |   | ▶\$_   |  |
| 3           |   | empt function expenditures   | . Add lines 1 and 2. Enter here and  | on Form 1120-POL,  |   | ς.     |  |
|             | line 17b  |                              |  |                    |   | -      |  |
| 4           |   |                              | <b>1120-POL</b> for this year?   |                    |   |        |  |
| 5           |   |                              | nployer identification number (EIN)<br>tion listed, enter the amount paid fr |                    | -   |        |  |
|             |   |                              | omptly and directly delivered to a s   |                    |   |        |  |
|             |   |                              | additional space is needed, provide  |                    | ,   | parato | sogrogated fund of a   |
|             | •   | (a) Name                     | (b) Address  | (c) EIN            | (d) Amount paid f                           | rom    | (e) Amount of political  |
|             |   |                              |  | (0)                | filing organization<br>funds. If none, ente | n's    | contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0 |

832041 11-08-18

| Schedule C (Form 990 or 990-EZ) 2018   | PUBLIC LAW  | CENTER  |                                       |   | 709253 Page 2                  |
|--|---|---|---------------------------------------|---|--------------------------------|
| Part II-A Complete if the org section 501(h)).   | janization is exer                                  | npt under section   | 1 501(c)(3) and file                  | ed Form 5768 (ele                             | ction under                    |
| A Check   if the filing organization of the fili | ation belongs to an affi<br>re of excess lobbying e | liated group (and list in expenditures).                                    | Part IV each affiliated               | group member's name                           | e, address, EIN,               |
| B Check ► if the filing organiza   | ation checked box A ar                              | nd "limited control" pro  | visions apply.                        |   |                                |
| Limi   | its on Lobbying Expe<br>ditures" means amou         | nditures<br>Ints paid or incurred.)   |                                       | <b>(a)</b> Filing<br>organization's<br>totals | (b) Affiliated group<br>totals |
| 1a Total lobbying expenditures to influ  | uence public opinion (                              | grass roots lobbving)   |                                       |   |                                |
| <b>b</b> Total lobbying expenditures to influence  | 11,032.   |   |                                       |   |                                |
| c Total lobbying expenditures (add li  | •   |   |                                       | 11,032.                                       |                                |
| d Other exempt purpose expenditure   |   |   |                                       | 3,947,144.                                    |                                |
| e Total exempt purpose expenditure   |   |   |                                       | 3,958,176.                                    |                                |
| f Lobbying nontaxable amount. Enter  |   |   |                                       | 347,909.                                      |                                |
| If the amount on line 1e, column (a) of  |   | bying nontaxable amo  |                                       |   |                                |
| Not over \$500,000   |   | the amount on line 1e.  |                                       |   |                                |
| Over \$500,000 but not over \$1,000  |   | 00 plus 15% of the exce   | ess over \$500.000.                   |   |                                |
| Over \$1,000,000 but not over \$1,5  |   | 00 plus 10% of the exce   | · · · · · · · · · · · · · · · · · · · |   |                                |
| Over \$1,500,000 but not over \$17.  |   | 00 plus 5% of the exces   |                                       |   |                                |
| Over \$17,000,000  | \$1,000,  | •   |                                       |   |                                |
|  | ţ ţ,,000,   |   |                                       |   |                                |
| g Grassroots nontaxable amount (er   | nter 25% of line 1f)                                |   |                                       | 86,977.                                       |                                |
| <b>h</b> Subtract line 1g from line 1a. If zer   | ,   |   |                                       | 0.  |                                |
| i Subtract line 1f from line 1c. If zero   | o or less, enter -0-                                |   |                                       | 0.  |                                |
| j If there is an amount other than ze  | ero on either line 1h or                            | line 1i, did the organiza   | ation file Form 4720                  |   |                                |
| reporting section 4911 tax for this  |   |   |                                       |   | Yes No                         |
| (Some organizations t  | 4-Year Ave<br>hat made a section 5                  | eraging Period Under<br>01(h) election do not l<br>ate instructions for lin | nave to complete all o                | f the five columns be                         | low.                           |
|  | Lobbying Expe                                       | nditures During 4-Yea   | r Averaging Period                    |   |                                |
| Calendar year<br>(or fiscal year beginning in)   | <b>(a)</b> 2015                                     | <b>(b)</b> 2016   | <b>(c)</b> 2017                       | <b>(d)</b> 2018                               | <b>(e)</b> Total               |
| 2a Lobbying nontaxable amount  | 279,596.  | 288,827.  | 315,123.                              | 347,909.                                      | 1,231,455.                     |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> </ul>   |   |   |                                       |   | 1,847,183.                     |
| c Total lobbying expenditures  | 816.  | 2,706.  | 9,800.                                | 11,032.                                       | 24,354.                        |
| d Grassroots nontaxable amount   | 69,899.   | 72,207.   | 78,781.                               | 86,977.                                       | 307,864.                       |
| <ul> <li>Grassroots ceiling amount</li> </ul>  |   |   |                                       |   |                                |

Schedule C (Form 990 or 990-EZ) 2018

461,796.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

#### 95-3709253 Page 3

## Schedule C (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER 95-37092 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e  | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description  |                  |             | (b)         |       |  |
|--------|--|------------------|-------------|-------------|-------|--|
|        | lobbying activity.   | Yes              | No          | Amo         | ount  |  |
| 1<br>a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? |                  |             |             |       |  |
| b      | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?<br>Media advertisements?  |                  |             |             |       |  |
|        | Mailings to members, legislators, or the public?   |                  |             |             |       |  |
|        | Publications, or published or broadcast statements?  |                  |             |             |       |  |
|        | Grants to other organizations for lobbying purposes?   |                  |             |             |       |  |
| g      | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                  |             |             |       |  |
| -      | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                  |             |             |       |  |
|        | Other activities?  |                  |             |             |       |  |
| j      | Total. Add lines 1c through 1i   |                  |             |             |       |  |
|        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                  |             |             |       |  |
|        | If "Yes," enter the amount of any tax incurred under section 4912  |                  |             |             |       |  |
|        | c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                  |             |             |       |  |
| d      | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                  |             |             |       |  |
| Par    | t III-A Complete if the organization is exempt under section 501(c)(4), section  | n 501(c)(5)      | , or sec    | tion        |       |  |
|        | 501(c)(6).   |                  |             |             |       |  |
|        |  |                  |             | Yes         | No    |  |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |                  | 1           |             |       |  |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                  | . 2         |             |       |  |
| 3      | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |                  | 3           |             |       |  |
| Par    | t III-B Complete if the organization is exempt under section 501(c)(4), section  |                  |             |             |       |  |
|        | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."   | 'No," OR (       | b) Part     | III-A, line | 9, is |  |
| 1      | Dues, assessments and similar amounts from members   |                  | 1           |             |       |  |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  |                  |             |             |       |  |
|        | expenses for which the section 527(f) tax was paid).   |                  |             |             |       |  |
| а      | Current year   |                  | 2a          |             |       |  |
| b      | Carryover from last year   |                  | 2b          |             |       |  |
| с      | Total  |                  | 2c          |             |       |  |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                  | . 3         |             |       |  |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce  | ess              |             |             |       |  |
|        | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po   | olitical         |             |             |       |  |
|        | expenditure next year?   |                  | . 4         |             |       |  |
| _5     | Taxable amount of lobbying and political expenditures (see instructions)   |                  | . 5         |             |       |  |
| Par    | t IV Supplemental Information  |                  |             |             |       |  |
| Provi  | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group   | list); Part II-A | , lines 1 a | nd 2 (see   |       |  |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

| SCHEDULE I | D |
|------------|---|
|------------|---|

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.



Employer identification number

| _      | PUBLIC LAW CENTER  |   | 95-3709253                               |
|--------|--|---|--|
| Par    | t I Organizations Maintaining Donor Advised  | Funds or Other Similar Funds o                | or Accounts. Complete if the             |
|        | organization answered "Yes" on Form 990, Part IV, line                                 |   |  |
|        |  | (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 w                         |   | d funds                                  |
|        | are the organization's property, subject to the organization's e                       | xclusive legal control?                       | Yes No                                   |
| 6      | Did the organization inform all grantees, donors, and donor ad                         |   |  |
|        | for charitable purposes and not for the benefit of the donor or                        | donor advisor, or for any other purpose co    | onferring                                |
|        | impermissible private benefit?   |   |  |
| Par    |  | anization answered "Yes" on Form 990, Pa      | art IV, line 7.                          |
| 1      | Purpose(s) of conservation easements held by the organization                          |   |  |
|        | Preservation of land for public use (e.g., recreation or ed                            |   | rically important land area              |
|        | Protection of natural habitat  | Preservation of a certif                      | • •                                      |
|        | Preservation of open space   |   |  |
| 2      | Complete lines 2a through 2d if the organization held a qualifie                       | ed conservation contribution in the form of   | f a conservation easement on the last    |
|        | day of the tax year.   |   | Held at the End of the Tax Year          |
| а      |  |   |  |
| b      |  |   |  |
| c      | Number of conservation easements on a certified historic structure                     |   |  |
| d      | Number of conservation easements included in (c) acquired af                           |   |  |
|        | listed in the National Register  | -   |  |
| 3      | Number of conservation easements modified, transferred, rele                           |   |  |
| Ũ      | year   |   | signification daming the tax             |
| 4      | Number of states where property subject to conservation ease                           | ement is located                              |  |
| 5      | Does the organization have a written policy regarding the period                       |   |  |
| Ŭ      | violations, and enforcement of the conservation easements it I                         |   | Yes No                                   |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, h                         |   |  |
| Ŭ      |  |   |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, handli                          | ing of violations, and enforcing conservation | on easements during the year             |
| -      | ► \$   |   |  |
| 8      | Does each conservation easement reported on line 2(d) above                            | satisfy the requirements of section 170(h)    | (4)(B)(i)                                |
|        | and section 170(h)(4)(B)(ii)?  |   |  |
| 9      | In Part XIII, describe how the organization reports conservation                       |   |  |
|        | include, if applicable, the text of the footnote to the organization                   |   | ,  |
|        | conservation easements.  |   |  |
| Par    | t III Organizations Maintaining Collections of   | Art, Historical Treasures, or Oth             | er Similar Assets.                       |
|        | Complete if the organization answered "Yes" on Form 9                                  | 990, Part IV, line 8.                         |  |
| 1a     | If the organization elected, as permitted under SFAS 116 (ASC                          | 958), not to report in its revenue stateme    | ent and balance sheet works of art.      |
|        | historical treasures, or other similar assets held for public exhi                     |   |  |
|        | the text of the footnote to its financial statements that describ                      |   |  |
| b      | If the organization elected, as permitted under SFAS 116 (ASC                          |   | nd balance sheet works of art historical |
| ~      | treasures, or other similar assets held for public exhibition, edu                     |   |  |
|        | relating to these items:   |   | is service, provide the renowing amounts |
|        | (i) Revenue included on Form 990, Part VIII, line 1                                    |   | • •                                      |
|        |  |   |  |
| 2      | If the organization received or held works of art, historical treas                    |   |  |
| 2      | the following amounts required to be reported under SFAS 11                            |   |  |
| ~      |  | · · ·   | ▶ \$                                     |
| a<br>b | Revenue included on Form 990, Part VIII, line 1<br>Assets included in Form 990, Part X |   |  |
|        | For Paperwork Reduction Act Notice, see the Instructions                               | for Form 990                                  | Schedule D (Form 990) 2018               |
|        | i or i aper work neuron Act Notice, see the instructions                               |   | Jonedale D (FUITI 330) 2010              |

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30 2018.04030 PUBLIC LAW CENTER

| Sche |  | LAW CENTER                       |                      |                 |              |                  | 709253                         |          | e <b>2</b> |
|------|--|----------------------------------|----------------------|-----------------|--------------|------------------|--------------------------------|----------|------------|
| Par  | t III Organizations Maintaining Co                 | ollections of Art, Hi            | istorical Trea       | asures, or C    | Other Si     | milar Asse       | t <b>s</b> <sub>(contine</sub> | ued)     |            |
| 3    | Using the organization's acquisition, accessio     | n, and other records, ch         | eck any of the fo    | llowing that ar | re a signifi | cant use of its  | collection i                   | tems     |            |
|      | (check all that apply):                            |                                  |                      |                 |              |                  |                                |          |            |
| а    | Public exhibition                                  | d 🗌                              | Loan or exch         | ange program    | S            |                  |                                |          |            |
| b    | Scholarly research                                 | е 🗌                              | Other                |                 |              |                  |                                |          |            |
| с    | Preservation for future generations                |                                  |                      |                 |              |                  |                                |          |            |
| 4    | Provide a description of the organization's co     | llections and explain hov        | v they further the   | e organization' | s exempt     | purpose in Par   | t XIII.                        |          |            |
| 5    | During the year, did the organization solicit or   |                                  | -                    | -               | -            |                  |                                |          |            |
|      | to be sold to raise funds rather than to be ma     |                                  |                      |                 |              |                  | Yes                            |          | No         |
| Par  | t IV Escrow and Custodial Arrang                   | jements. Complete if             | the organization     | answered "Ye    | es" on For   | m 990, Part IV   | , line 9, or                   |          |            |
|      | reported an amount on Form 990, Parl               |                                  | -                    |                 |              |                  |                                |          |            |
| 1a   | Is the organization an agent, trustee, custodia    | an or other intermediary f       | or contributions     | or other asset  | s not inclu  | uded             |                                |          |            |
|      | on Form 990, Part X?                               | -                                |                      |                 |              |                  | Yes                            |          | No         |
| b    | If "Yes," explain the arrangement in Part XIII a   |                                  |                      |                 |              |                  |                                |          |            |
|      |  | ·                                | -                    |                 |              |                  | Amount                         |          |            |
| с    | Beginning balance                                  |                                  |                      |                 |              | 1c               |                                |          |            |
| d    | Additions during the year                          |                                  |                      |                 |              | 1d               |                                |          |            |
| е    | Distributions during the year                      |                                  |                      |                 |              | 1e               |                                |          |            |
| f    | Ending balance                                     |                                  |                      |                 |              | 1f               |                                |          |            |
| 2a   | Did the organization include an amount on Fo       |                                  |                      |                 |              |                  | Yes                            |          | No         |
| b    | If "Yes," explain the arrangement in Part XIII.    | Check here if the explana        | ation has been p     | provided on Pa  | rt XIII      |                  |                                |          |            |
| Par  | t V Endowment Funds. Complete if                   | the organization answer          | red "Yes" on For     | m 990, Part IV  | , line 10.   |                  |                                |          |            |
|      | _  | (a) Current year (I              | <b>b)</b> Prior year | (c) Two years I | back (d)     | Three years back | (e) Four                       | years ba | ιck        |
| 1a   | Beginning of year balance                          |                                  |                      |                 |              |                  |                                |          |            |
| b    | Contributions                                      |                                  |                      |                 |              |                  |                                |          |            |
| с    | Net investment earnings, gains, and losses         |                                  |                      |                 |              |                  |                                |          |            |
| d    | Grants or scholarships                             |                                  |                      |                 |              |                  |                                |          |            |
| е    | Other expenditures for facilities                  |                                  |                      |                 |              |                  |                                |          |            |
|      | and programs                                       |                                  |                      |                 |              |                  |                                |          |            |
| f    | Administrative expenses                            |                                  |                      |                 |              |                  |                                |          |            |
| g    | End of year balance                                |                                  |                      |                 |              |                  |                                |          |            |
| 2    | Provide the estimated percentage of the curre      | ent year end balance (line       | e 1g, column (a))    | held as:        |              |                  |                                |          |            |
| а    | Board designated or quasi-endowment                | %                                |                      |                 |              |                  |                                |          |            |
| b    | Permanent endowment                                | %                                |                      |                 |              |                  |                                |          |            |
| С    | Temporarily restricted endowment                   | %                                |                      |                 |              |                  |                                |          |            |
|      | The percentages on lines 2a, 2b, and 2c should     | ıld equal 100%.                  |                      |                 |              |                  |                                |          |            |
| 3a   | Are there endowment funds not in the posses        | sion of the organization         | that are held and    | d administered  | l for the o  | ganization       | -                              |          |            |
|      | by:  |                                  |                      |                 |              |                  |                                | Yes N    | No         |
|      | (i) unrelated organizations                        |                                  |                      |                 |              |                  | . 3a(i)                        |          |            |
|      |  |                                  |                      |                 |              |                  |                                |          |            |
| b    | If "Yes" on line 3a(ii), are the related organizat | ions listed as required or       | n Schedule R?        |                 |              |                  | 3b                             |          |            |
| 4    | Describe in Part XIII the intended uses of the     |                                  | nt funds.            |                 |              |                  |                                |          |            |
| Pai  | t VI Land, Buildings, and Equipme                  |                                  |                      |                 |              |                  |                                |          |            |
|      | Complete if the organization answered              |                                  |                      |                 |              |                  |                                |          |            |
|      | Description of property                            | (a) Cost or other                | (b) Cost             |                 | (c) Accu     |                  | <b>(d)</b> Book                | value    |            |
|      |  | basis (investment)               | ,                    | ,               | depred       | ciation          |                                | ~ • •    |            |
|      | Land   |                                  |                      | 3,640.          | 1.0          | 0 100            |                                | ,640     |            |
|      | Buildings  |                                  | 336                  | 5,360.          | 10           | 8,180.           | 168                            | ,180     | J .        |
|      | Leasehold improvements                             |                                  | 1.00                 |                 | 1 0          |                  |                                |          |            |
|      | Equipment  |                                  | T6.                  | 3,881.          | 12           | 5,166.           | 36                             | ,715     | <u>.</u>   |
|      | Other  |                                  |                      |                 |              |                  | 4 17 0                         |          |            |
| Tota | . Add lines 1a through 1e. (Column (d) must ec     | <u>qual Form 990, Part X, co</u> | olumn (B), line 10   | c.)             |              | ····· •          |                                | ,535     |            |
|      |  |                                  |                      |                 |              | Schedu           | le D (Form                     | 990) 20  | <b>J18</b> |

| (a) Description of security or category (including name of security)  | (b) Book value                          | e 11b. See Form 990, Pa<br>(c) Method of value |                      | of-year market value  |
|---|---|--|----------------------|-----------------------|
|   | (                                       | (-)  |                      |                       |
| Financial derivatives     Closely-held equity interests   |   |  |                      |                       |
| Other   |   |  |                      |                       |
| (A)   |   |  |                      |                       |
| (B)   |   |  |                      |                       |
|   |   |  |                      |                       |
| (C)   |   |  |                      |                       |
| (D)   |   |  |                      |                       |
| (E)   |   |  |                      |                       |
| (F)   |   |  |                      |                       |
| (G)   |   |  |                      |                       |
| (H)   |   |  |                      |                       |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |   |  |                      |                       |
| Part VIII Investments - Program Related.  |   |  |                      |                       |
| Complete if the organization answered "Yes" o   |   |  |                      |                       |
| (a) Description of investment   | (b) Book value                          | (c) Method of val                              | uation: Cost or end- | of-year market value  |
| (1)   |   |  |                      |                       |
| (2)   |   |  |                      |                       |
| (3)   |   |  |                      |                       |
| (4)   |   |  |                      |                       |
| (5)   |   |  |                      |                       |
| (6)   |   |  |                      |                       |
| (7)   |   |  |                      |                       |
| (8)   |   |  |                      |                       |
| (9)   |   |  |                      |                       |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   |   |  |                      |                       |
|   |   |  |                      |                       |
| Part IX Other Assets.   |   | •  |                      |                       |
|   | n Form 990 Part IV lir                  | e 11d. See Form 990. Pa                        | art X line 15        |                       |
| Complete if the organization answered "Yes" o   |   | e 11d. See Form 990, Pa                        | art X, line 15.      | <b>(b)</b> Book value |
| Complete if the organization answered "Yes" o<br>(a) C  | n Form 990, Part IV, lir<br>Description | e 11d. See Form 990, Pa                        | art X, line 15.      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) D  |   | e 11d. See Form 990, Pa                        | art X, line 15.      | <b>(b)</b> Book value |
| Complete if the organization answered "Yes" o (a) C (1) (2)   |   | e 11d. See Form 990, Pa                        | art X, line 15.      | <b>(b)</b> Book value |
| Complete if the organization answered "Yes" o (a) D (1) (2) (3)   |   | e 11d. See Form 990, Pa                        | art X, line 15.      | <b>(b)</b> Book value |
| Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)   |   | e 11d. See Form 990, Pa                        | art X, line 15.      | <b>(b)</b> Book value |
| Complete if the organization answered "Yes" o<br>(a) D<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)   |   | e 11d. See Form 990, Pa                        | art X, line 15.      | <b>(b)</b> Book value |
| Complete if the organization answered "Yes" o<br>(a) D<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)  |   | e 11d. See Form 990, Pa                        | art X, line 15.      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) D<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   |   | e 11d. See Form 990, Pa                        | art X, line 15.      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) D<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)  |   | e 11d. See Form 990, Pa                        | art X, line 15.      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) D<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   | Description                             | e 11d. See Form 990, Pa                        | art X, line 15.      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) D<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line   | Description                             | e 11d. See Form 990, Pa                        | art X, line 15.      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  | Description                             |  |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o  | Description                             | e 11e or 11f. See Form 9                       |                      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) C<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o   | Description                             |  |                      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) C<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Dtal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>(a) Description of liability<br>(1) Federal income taxes | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) C<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Otal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>(a) Description of liability                             | Description                             | e 11e or 11f. See Form 9                       |                      | (b) Book value        |
| Complete if the organization answered "Yes" o<br>(a) C<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Dtal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>(a) Description of liability<br>(1) Federal income taxes | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEPOSITS PAYABLE (3)                     | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEPOSITS PAYABLE (3) (4)    | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEPOSITS PAYABLE (3) (4) (5)             | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEPOSITS PAYABLE (3) (4) (5) (6)         | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEPOSITS PAYABLE (3) (4) (5) (6) (7)     | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |
| Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEPOSITS PAYABLE (3) (4) (5) (6)         | Description                             | e 11e or 11f. See Form 9<br>(b) Book value     |                      | (b) Book value        |

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 X

Schedule D (Form 990) 2018

832053 10-29-18

| Sche                                      | dule D (Form 990) 2018 PUBLIC LAW CENTER   |                                  |                   | 95-          | 3709253                         | Page 4                    |
|---|--|----------------------------------|-------------------|--------------|---------------------------------|---------------------------|
| Pa  | t XI Reconciliation of Revenue per Audited Financial Statements  | s Wit                            | h Revenue per Re  | turn.        |                                 |                           |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                                  |                   |              |                                 |                           |
| 1   | Total revenue, gains, and other support per audited financial statements   |                                  |                   | 1            | 14,888,9                        | 988.                      |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                                  |                   |              |                                 |                           |
| а   | Net unrealized gains (losses) on investments   | 2a                               |                   |              |                                 |                           |
| b   | Donated services and use of facilities   | 2b                               | 10,345,344.       |              |                                 |                           |
| с   | Recoveries of prior year grants  | 2c                               |                   |              |                                 |                           |
| d   | Other (Describe in Part XIII.)   | 2d                               |                   |              |                                 |                           |
| е   | Add lines <b>2a</b> through <b>2d</b>  |                                  |                   | 2e           | 10,345,3                        | 344.                      |
| 3   | Subtract line 2e from line 1   |                                  |                   | 3            | 4,543,6                         | 544.                      |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                                  |                   |              |                                 |                           |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                               |                   |              |                                 |                           |
| b   | Other (Describe in Part XIII.)   | 4b                               |                   |              |                                 |                           |
| с   | Add lines 4a and 4b  |                                  |                   | 4c           |                                 | 0.                        |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                                  |                   | 5            | 4,543,6                         | 544.                      |
|   |  |                                  |                   |              |                                 |                           |
| Fa  | t XII Reconciliation of Expenses per Audited Financial Statemen  | ts Wi                            | th Expenses per H | Retur        | n.                              |                           |
| Fa  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                                  |                   |              |                                 |                           |
| 1   |  |                                  |                   | Retur        | n.<br>14,303,5                  | 520.                      |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                                  |                   |              |                                 | 520.                      |
| 1   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements  |                                  |                   |              |                                 | 520.                      |
| 1<br>2                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                                  |                   |              |                                 | 520.                      |
| 1<br>2<br>a                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities   | 2a                               |                   |              |                                 | 520.                      |
| 1<br>2<br>a                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments   | 2a<br>2b                         |                   |              | 14,303,5                        |                           |
| 1<br>2<br>a                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses   | 2a<br>2b<br>2c<br>2d             | 10,345,344.       |              | 14,303,5                        | 344.                      |
| 1<br>2<br>b<br>c<br>d                     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)   | 2a<br>2b<br>2c<br>2d             | 10,345,344.       | 1            | 14,303,5                        | 344.                      |
| 1<br>2<br>b<br>c<br>d<br>e                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d   | 2a<br>2b<br>2c<br>2d             | 10,345,344.       | 1<br>2e      | 14,303,5                        | 344.                      |
| 1<br>2<br>b<br>c<br>d<br>3                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1  | 2a<br>2b<br>2c<br>2d             | 10,345,344.       | 1<br>2e      | 14,303,5                        | 344.                      |
| 1<br>2<br>b<br>c<br>d<br>8<br>3<br>4      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 2a<br>2b<br>2c<br>2d             | 10,345,344.       | 1<br>2e      | 14,303,5                        | 344.                      |
| 1<br>2<br>b<br>c<br>d<br>8<br>3<br>4      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | 2a<br>2b<br>2c<br>2d<br>4a<br>4b | 10,345,344.       | 1<br>2e      | 14,303,5<br>10,345,3<br>3,958,3 | <u>344.</u><br>176.<br>0. |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | 2a<br>2b<br>2c<br>2d<br>4a<br>4b | 10,345,344.       | 1<br>2e<br>3 | 14,303,5                        | <u>344.</u><br>176.<br>0. |

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

PART X, LINE 2:

| THE CENTER QUALIFIES AS A TAX-EXEM | PT ORGANIZATION UNDER SECTION 501(C)(3)  |
|------------------------------------|--|
| AS DESCRIBED IN SECTIONS 509(A)(1) | , 170(B)(1)(A)(VI) OF THE INTERNAL       |
| REVENUE CODE (THE "CODE") AND 2370 | 1(D) OF THE CALIFORNIA REVENUE AND       |
| TAXATION CODE, ACCORDINGLY, THERE  | IS NO PROVISION FOR FEDERAL INCOME TAXES |
| OR CALIFORNIA FRANCHISE TAX. IN AD | DITION, THE CENTER QUALIFIES FOR THE     |
| CHARITABLE CONTRIBUTION DEDUCTION  | UNDER SECTION 170 OF THE CODE AND HAS    |
| BEEN CLASSIFIED AS AN ORGANIZATION | THAT IS NOT A PRIVATE FOUNDATION.        |
| INCOME DETERMINED TO BE UNRELATED  | BUSINESS TAXABLE INCOME (UBTI) WOULD BE  |
| TAXABLE. THE CENTER EVALUATES ITS  | UNCERTAIN TAX POSITIONS, IF ANY, ON A    |
| CONTINUAL BASIS THROUGH REVIEW OF  | ITS POLICIES AND PROCEDURES, REVIEW OF   |
| ITS REGULAR TAX FILINGS, AND DISCU | ż  |
| 832054 10-29-18                    | Schedule D (Form 990) 2018               |
| 09351009 149072 83938Q             | 2018.04030 PUBLIC LAW CENTER 83938Q_1    |

THE CENTER'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE FISCAL YEARS ENDED 2015, 2016 AND 2017 ARE SUBJECT TO IRS EXAMINATION, GENERALLY FOR FOUR YEARS AFTER FILING. AS OF THE DATE OF THIS REPORT, THE CENTER'S FISCAL YEAR 2018 RETURN HAD NOT YET BEEN FILED.

Schedule D (Form 990) 2018

832055 10-29-18

| SCHEDULE G  | Suppleme   | OMB No. 1545-0047  |  |  |   |                 |   |                                    |  |
|---|--|--|--|--|---|-----------------|---|------------------------------------|--|
| (Form 990 or 990-EZ)  | Complete if the  | 2018   |  |  |   |                 |   |                                    |  |
| Department of the Treasury  |  | Open to Public   |  |  |   |                 |   |                                    |  |
| Internal Revenue Service  |  | to www.irs.gov/Form990 for instr   | uction   | s and  | the latest informati  | on.             | Employer  | Inspection<br>dentification number |  |
| PUBLIC LAW CENTER 95-37   |  |  |  |  |   |                 | 95-370  | 09253                              |  |
|   | complete this part   | Complete if the organization answe   | ered "Y  | es" or   | n Form 990, Part IV, I  | line 1          | 7. Form 990-  | EZ filers are not                  |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, Pa<br>highest paid indiv | f Solicita<br>g Special<br>or oral agreement with any individual<br>art VII) or entity in connection with p<br>viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(includ                                    | non-g<br>gover<br>ising e<br>ing of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |                 | <u> </u>  | <b>Yes No</b> be                   |  |
| (i) Name and address of individual or entity (fundraiser)   |  | (ii) Activity  | (iii) Did<br>fundraiser<br>have custody<br>or control of<br>contributions? |  | (iv) Gross receipts<br>from activity  | to (or r<br>fur | Amount paid<br>or retained by<br>fundraiser<br>ted in col. <b>(i)</b> | y) to (or retained by)             |  |
|   |  |  | Yes  | No   |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  | n is registered or licensed to solicit o   | contrib  | ▶<br>utions                                    | or has been notified  | l it is         | exempt from   | registration                       |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
|   |  |  |  |  |   |                 |   |                                    |  |
| LHA For Paperwork Re  | eduction Act Noti  | ce, see the Instructions for Form S  | 990 or   | 990-E  | Z   | Sche            | dule G (Forn  | n 990 or 990-EZ) 2018              |  |

832081 10-03-18

### Schedule G (Form 990 or 990 EZ) 2018 PUBLIC LAW CENTER

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  | (a) Event #1                  | (b) Event #2                                     | (c) Other events    | (d) Total events                                  |
|--|-------------------------------|--|---------------------|---|
|  | VOLUNTEERS                    | HALLOWEEN  |                     |   |
|  |                               | BASH   | 2                   | (add col. (a) through                             |
|  | (event type)                  | (event type)                                     | (total number)      | - col. <b>(c)</b> )                               |
|  |                               |  |                     |   |
| s receipts   | 778,709.                      | 50,045.  | 15,000.             | 843,754   |
| : Contributions  | 615,575.                      | 35,160.  |                     | 650,735   |
| s income (line 1 minus line 2)   | 163,134.                      | 14,885.  | 15,000.             | 193,019   |
| n prizes   |                               |  |                     |   |
| cash prizes  |                               |  |                     |   |
| /facility costs  |                               |  |                     |   |
| d and beverages  | 118,751.                      |  |                     | 118,751   |
| rtainment  | 36,683.                       |  |                     | 36,683  |
| er direct expenses   |                               | 25,906.  |                     | 50,431  |
| ct expense summary. Add lines 4 th   |                               |  | •                   | 205,865   |
| income summary. Subtract line 10 f   | -                             |  |                     | -12,846   |
|  | (a) Bingo                     | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming    | (d) Total gaming (add<br>col. (a) through col. (d |
| ss revenue   |                               |  |                     |   |
| n prizes   |                               |  |                     |   |
| cash prizes  |                               |  |                     |   |
| /facility costs  |                               |  |                     |   |
| er direct expenses   |                               |  |                     |   |
| nteer labor  | Yes%                          | └── Yes %<br>└── No                              | └── Yes %<br>└── No |   |
| ct expense summary. Add lines 2 th   | nrough 5 in column (d)        |  |                     |   |
| gaming income summary. Subtract  | line 7 from line 1 column (d) |  |                     |   |
| naming income summary Subtract   |                               |  |                     |   |
|  |                               | states?  |                     | Yes N   |
| e state(s) in which the organization o   | •                             |  |                     |   |
|  |                               |  |                     |   |
| e state(s) in which the organization o<br>ganization licensed to conduct gam             |                               |  | ear?                | YesN  |
| e state(s) in which the organization o<br>ganization licensed to conduct gam<br>explain: | ses revoked, suspended, or te | erminated during the tax y                       | ear?                | YesN  |
| e sta<br>gan   | ain:                          |  |                     |   |

| Sch  | edule G (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER   | 95-3    | 709253            | Page 3    |
|------|---|---------|-------------------|-----------|
| 11   | Does the organization conduct gaming activities with nonmembers?  |         | Yes               | No        |
| 12   | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |         |                   |           |
|      | to administer charitable gaming?  |         | Yes               | No        |
|      | Indicate the percentage of gaming activity conducted in:  |         |                   |           |
|      | a The organization's facility   |         | 13a               | %         |
|      | An outside facility   |         | 13b               | %         |
| 14   | Enter the name and address of the person who prepares the organization's gaming/special events books and record   | S:      |                   |           |
|      | Name  |         |                   |           |
|      | Address   |         |                   |           |
| 15a  | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |         | Yes               | No No     |
| k    | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo  | unt     |                   |           |
|      | of gaming revenue retained by the third party $\blacktriangleright$ \$  |         |                   |           |
| c    | : If "Yes," enter name and address of the third party:  |         |                   |           |
|      | Name  |         |                   |           |
|      |   |         |                   |           |
|      | Address   |         |                   |           |
| 16   | Gaming manager information:   |         |                   |           |
|      | Name  |         |                   |           |
|      | Gaming manager compensation <b>&gt;</b> \$  |         |                   |           |
|      |   |         |                   |           |
|      | Description of services provided 🕨  |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      | Director/officer Employee Independent contractor  |         |                   |           |
|      |   |         |                   |           |
| 17   | Mandatory distributions:  |         |                   |           |
| 8    | Is the organization required under state law to make charitable distributions from the gaming proceeds to   |         |                   |           |
|      | retain the state gaming license?  |         | Yes               | No        |
| Ľ    | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year | 1 the   |                   |           |
| Pa   | <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v);   | and Par | t III, lines 9, 9 | 9b. 10b.  |
|      | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  |         | ,                 | ,         |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
|      |   |         |                   |           |
| _    |   |         |                   |           |
| 8320 | 83 10-03-18 Schedule 37   | G (Form | 990 or 990 990    | -EZ) 2018 |
|      |   |         |                   |           |

| <br>Cabadula C (Corr 000 == 000 =7) |
|-------------------------------------|
| Schedule G (Form 990 or 990-EZ)     |

832084 04-01-18

09351009 149072 83938Q

| SC                         | HEDULE J  | Compensati   | ion Information   | 1         | OMB No. 1    | 545-004 | 17       |  |
|----------------------------|---|--|---|-----------|--------------|---------|----------|--|
| (Fo                        | rm 990)   | •  | rustees, Key Employees, and Highest                       |           | 2018         |         |          |  |
|                            |   | Compensa   | ated Employees  |           | <b>ZU</b>    | 10      | )        |  |
| Depa                       | tment of the Treasury   |  | ered "Yes" on Form 990, Part IV, line 23.<br>to Form 990. |           | Open to      | Publi   | ic       |  |
|                            | al Revenue Service  |  | instructions and the latest information.                  |           | Inspection   |         |          |  |
| Nam                        | me of the organization Employer ic  |  |   |           |              |         |          |  |
| PUBLIC LAW CENTER95-370925 |   |  |   |           |              |         |          |  |
| Ра                         | rt I Question   | s Regarding Compensation                             |   |           |              |         |          |  |
|                            |   |  |   |           |              | Yes     | No       |  |
| 1a                         |   | ate box(es) if the organization provided any of the  |   | 990,      |              |         |          |  |
|                            |   | line 1a. Complete Part III to provide any relevant   | 7   |           |              |         |          |  |
|                            | First-class or c  |  | ☐ Housing allowance or residence for person               |           |              |         |          |  |
|                            | Travel for com  |  | Payments for business use of personal res                 |           |              |         |          |  |
|                            |   | ation and gross-up payments                          | Health or social club dues or initiation fees             |           |              |         |          |  |
|                            |   | pending account                                      | Personal services (such as maid, chauffeu                 | ir, cnet) |              |         |          |  |
| ь.                         | If any of the house   |  |   |           |              |         |          |  |
| a                          | •   | on line 1a are checked, did the organization follow  |   |           | 41           |         |          |  |
| ~                          |   | rovision of all of the expenses described above?     |   |           | 1b           |         |          |  |
| 2                          |   | n require substantiation prior to reimbursing or all |   |           | 2            |         |          |  |
|                            | trustees, and office  | s, including the CEO/Executive Director, regardir    | ng the items checked on line 1a?                          |           | Z            |         | <u> </u> |  |
| 3                          | Indianta which if a   | y, of the following the filing organization used to  | establish the componentian of the organization            | tion's    |              |         |          |  |
| 3                          |   |  |   |           |              |         |          |  |
|                            | 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.           X         Compensation committee         Written employment contract |  |   |           |              |         |          |  |
|                            |   |  | Compensation survey or study                              |           |              |         |          |  |
|                            | X Form 990 of o   | -  | Approval by the board or compensation c                   | ommittee  |              |         |          |  |
|                            |   |  |   | ommittee  |              |         |          |  |
| 4                          | During the year, did  | any person listed on Form 990, Part VII, Section     | A. line 1a. with respect to the filing                    |           |              |         |          |  |
| -                          | organization or a re  |  |   |           |              |         |          |  |
| а                          | -   |  |   |           | 4a           |         | х        |  |
| b                          |   | ceive payment from, a supplemental nonqualified      |   |           |              |         | х        |  |
| с                          |   | eive payment from, an equity-based compensation      |   |           |              |         | х        |  |
|                            |   | es 4a-c, list the persons and provide the applicat   |   |           |              |         |          |  |
|                            |   |  |   |           |              |         |          |  |
|                            | Only section 501(c  | )(3), 501(c)(4), and 501(c)(29) organizations mu     | ist complete lines 5-9.                                   |           |              |         |          |  |
| 5                          |   | n Form 990, Part VII, Section A, line 1a, did the c  |   | n         |              |         |          |  |
|                            | contingent on the r   |  |   |           |              |         |          |  |
| а                          | The organization?   |  |   |           | 5a           |         | X        |  |
| b                          | Any related organiz   | ation?   |   |           | 5b           |         | X        |  |
|                            |   | r 5b, describe in Part III.                          |   |           |              |         |          |  |
| 6                          | For persons listed of   | n Form 990, Part VII, Section A, line 1a, did the o  | organization pay or accrue any compensatio                | n         |              |         |          |  |
|                            | contingent on the r   | et earnings of:                                      |   |           |              |         |          |  |
| а                          | The organization?   |  |   |           | 6a           |         | X        |  |
|                            |   | ation?   |   |           |              |         | X        |  |
|                            | If "Yes" on line 6a o   | r 6b, describe in Part III.                          |   |           |              |         |          |  |
| 7                          |   | n Form 990, Part VII, Section A, line 1a, did the o  |   |           |              |         |          |  |
|                            |   | es 5 and 6? If "Yes," describe in Part III           |   |           | 7            |         | X        |  |
| 8                          | Were any amounts  | reported on Form 990, Part VII, paid or accrued p    | oursuant to a contract that was subject to th             | е         |              |         |          |  |
|                            | initial contract exce   | ption described in Regulations section 53.4958-4     | I(a)(3)? If "Yes," describe in Part III                   |           | 8            |         | X        |  |
| 9                          |   | d the organization also follow the rebuttable pres   |   |           |              |         |          |  |
|                            | Regulations section   | 53.4958-6(c)?  |   |           | 9            |         |          |  |
| LHA                        | For Paperwork R   | eduction Act Notice, see the Instructions for Fo     | orm 990.  | Scheo     | dule J (Forn | 1 990)  | 2018     |  |

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### 95-3709253

Page **2** 

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

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 individual.

| (A) Name and Title  |             | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation<br>in column (B)         |
|---------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
|                     |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |
| (1) KENNETH BABCOCK | (i)         | 185,000.                 | 0.  | 0.  | 7,383.                         | 106.           | 192,489.             | 0.  |
|                     | (ii)        | 0.                       | 0.  | 0.  | 0.                             | 0.             | 0.                   | 0.  |
|                     | (i)         | 137,000.                 | 0.  | 0.  | 4,110.                         | 15,923.        | 157,033.             | 0.  |
|                     | (ii)        | 0.                       | 0.  | 0.  | 0.                             | 0.             | 0.                   | 0.  |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)<br>(i) |                          |   |   |                                |                |                      |   |
|                     | (i)<br>(ii) |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |
|                     | (i)         |                          |   |   |                                |                |                      |   |
|                     | (ii)        |                          |   |   |                                |                |                      |   |

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

| SCHEDULE L                       | I                          | Tra     | insactior  | ıs V   | Vith            | Interested                                  | Persons                     |             |               | ON            | /IB No. <sup>-</sup> | 1545-00       | 47               |
|----------------------------------|----------------------------|---------|--|--------|-----------------|---|-----------------------------|-------------|---------------|---------------|----------------------|---------------|------------------|
| (Form 990 or 990-EZ)             |                            |         | rganization and  | swere  | d "Yes          | " on Form 990, Part                         | t IV, line 25a, 25b, 2      | 6, 27,      | 28a,          |               | 20                   | 18            | 2                |
| Department of the Treasury       |                            |         |  |        |                 | -EZ, Part V, line 38a<br>990 or Form 990-EZ |                             |             |               | 0             | pen T                | o Pub         | olic             |
| Internal Revenue Service         |                            | io to v | www.irs.gov/Fo   | orm99  | 0 for ii        | nstructions and the                         | latest information.         | <b>_</b>    |               |               | spect                |               |                  |
| Name of the organization         |                            | LA      | W CENTER   |        |                 |   |                             | -           | -             | identi<br>092 |                      | on nu         | mber             |
| Part I Excess I                  |                            |         |  |        | s), sect        | ion 501(c)(4), and 50 <sup>-</sup>          | 1(c)(29) organizations      |             |               |               |                      |               |                  |
| _                                | f the organizatior         |         |  |        |                 | art IV, line 25a or 25b                     | , or Form 990-EZ, Pa        | art V, li   | ine 40        | b.            | (-1)                 | 0.000         |                  |
| 1 (a) Name of disqual            | ified person               | (D) H   | Relationship bety<br>person and or                         |        |                 | (c  | c) Description of tran      | sactio      | n             |               |                      | es            | cted?<br>No      |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               | +                    | $\rightarrow$ |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
| 2 Enter the amount o             | of tax incurred by         | the or  | rganization man  | aners  | or disc         | ualified persons duri                       | ng the year under           |             |               |               |                      |               |                  |
|                                  | -                          |         | •  | Ŭ.     |                 |   | 0                           |             | ▶ \$          |               |                      |               |                  |
| <b>3</b> Enter the amount o      | of tax, if any, on li      | ne 2, a | above, reimburs  | ed by  | the or          | ganization                                  |                             |             | ▶ \$          |               |                      |               |                  |
| Part II Loans to                 | and/or Fron                | n Inte  | erested Pers   | sons.  |                 |   |                             |             |               |               |                      |               |                  |
| Complete i                       | f the organizatior         | n answ  | vered "Yes" on I   | Form § | 990-EZ          | , Part V, line 38a or F                     | orm 990, Part IV, line      | e 26; c     | or if th      | e orga        | nizatio              | n             |                  |
|                                  | n amount on Forr           |         | · · · · · · · · · · · · · · · · · · ·                      | 1 i    | 2.<br>Dan to or |   |                             |             |               | <b>(h)</b> Ap | proved               | <i>(</i> ) 14 | /                |
| (a) Name of<br>interested person | (b) Relatio<br>with organi |         | (c) Purpose<br>of loan                                     | fror   | n the ization?  | (e) Original<br>principal amount            | (f) Balance due             | (g)<br>defa | In<br>ult?    | by bo         | ard or               | , .           | /ritten<br>ment? |
|                                  |                            |         |  |        | From            |   |                             | Yes         | No            | Yes           | No                   | Yes           | No               |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
| Total                            |                            |         |  |        |                 | ▶ \$  |                             |             |               |               |                      |               |                  |
| Total<br>Part III Grants o       | or Assistance              | Ben     | efiting Inter  | este   | d Per           |   |                             |             |               |               |                      |               |                  |
| Complete i                       | f the organizatior         | n answ  | vered "Yes" on I   | Form 9 | 990, Pa         | art IV, line 27.                            |                             |             |               |               |                      |               |                  |
| (a) Name of intere               | sted person                | (       | <b>(b)</b> Relationship<br>interested pers<br>the organiza | son an |                 | <b>(c)</b> Amount of assistance             | <b>(d)</b> Type<br>assistan |             |               | •             | ) Purp<br>assista    |               | f                |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             | _             |               |                      |               |                  |
|                                  |                            | -       |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            | _       |  |        |                 |   |                             |             | $\rightarrow$ |               |                      |               |                  |
|                                  |                            | -       |  |        |                 |   |                             |             | +             |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |
|                                  |                            |         |  |        |                 |   |                             |             |               |               |                      |               |                  |

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

Schedule L (Form 990 or 990-EZ) 2018

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## Schedule L (Form 990 or 990-EZ) 2018 PUBLIC LAW CENTER

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>ation's<br>uues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|------------------------------|
|                               |   |                           |                                | Yes                         | No                           |
| CESAR COVARRUBIAS             | BOARD MEMBER  | 75,000.                   | CESAR COVAR                    |                             | X                            |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |
|                               |   |                           |                                |                             |                              |

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CESAR COVARRUBIAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 75,000.

(D) DESCRIPTION OF TRANSACTION: CESAR COVARRUBIAS IS A BOARD MEMBER OF

THE PUBLIC LAW CENTER AND THE EXECUTIVE DIRECTOR OF THE KENNEDY

COMMISSION. IN 2018, PUBLIC LAW CENTER ENTERED INTO AN MOU WITH KENNEDY

COMMISSION. PUBLIC LAW CENTER PAID KENNEDY COMMISSION \$75,000 AS A RESULT

OF THE MOU.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2018

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SCHEDULE O

(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.



PUBLIC LAW CENTER

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

EDUCATION, AND STRATEGIC LITIGATION AND ADVOCACY TO CHALLENGE SOCIETAL

INJUSTICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRUST FUND PROGRAM.

THE VAST MAJORITY OF PLC'S WORK INVOLVES THE PLACEMENT OF CLIENTS' CASES WITH VOLUNTEER ATTORNEYS AND THE HANDLING OF CLIENTS' CASES BY PLC STAFF MEMBERS. IN 2018, PLC STAFF MEMBERS AND VOLUNTEERS PROVIDED OVER 61,750 HOURS OF FREE LEGAL SERVICES IN HANDLING OVER 4,500 CASES AND BENEFITTED MORE THAN 8,000 LOW-INCOME CHILDREN, ADULTS AND SENIORS IN ORANGE COUNTY. THE ESTIMATED VALUE OF THIS WORK IS OVER \$22.1 MILLION IN 2018 ALONE.

PLC'S CASES INVOLVE FAMILY LAW, CHILDREN'S ISSUES, CONSUMER LAW PLC ALSO PROVIDES FREE HOUSING, HEALTH, VETERANS AND IMMIGRATION. LEGAL ASSISTANCE TO NON-PROFIT ORGANIZATIONS AND MICRO-ENTREPRENEURS. IN ADDITION TO PRO BONO REPRESENTATION OF CLIENTS, PLC SPONSORS A VARIETY OF LEGAL CLINICS IN THE COMMUNITY. THESE INCLUDE CLINICS AT FAMILY RESOURCE CENTERS IN COSTA MESA, LAKE FOREST, LA HABRA AND SAN JUAN CAPISTRANO, HOMELESS SERVICE CENTERS IN ANAHEIM AND COSTA MESA AND A COMMUNITY CENTER IN THE LITTLE SAIGON SECTION OF WESTMINSTER. PLC SERVES THE HIV/AIDS COMMUNITY THROUGH REFERRALS FROM AIDS SERVICES PROVIDERS THROUGHOUT THE COUNTY. IN ADDITION, PLC CONDUCTS SEVERAL COURTHOUSE BASED CLINICS DESIGNED TO PROVIDE INFORMATION TO Schedule O (Form 990 or 990-EZ) (2018) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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| Schedule O (Form 990 or 990-EZ) (2018)                     | Page <b>2</b>                             |
|--|---|
| Name of the organization PUBLIC LAW CENTER                 | Employer identification number 95-3709253 |
| UNREPRESENTED LITIGANTS. THESE INCLUDE CLINICS IN THE ARE  | AS OF FEDERAL                             |
| COURT LITIGATION, BANKRUPTCY, DOMESTIC VIOLENCE AND GUARDI | ANSHIP. IN                                |
| COLLABORATION WITH OTHER NON-PROFIT ORGANIZATIONS, PLC ALS | O CONDUCTS                                |
| LARGE SCALE CITIZENSHIP FAIRS TO ASSIST LAWFUL PERMANENT R | ESIDENTS                                  |
| PREPARE THE PAPERWORK TO BECOME NATURALIZED U.S. CITIZENS. |   |
|  |   |
| PLC OFFERS SUBSTANTIAL TRAINING PROGRAMS FOR ITS VOLUNTEER | S AND                                     |
| COMMUNITY PARTNERS. IN CONJUNCTION WITH THE ORANGE COUNTY  | BAR                                       |
| ASSOCIATION AND AT PRIVATE LAW FIRMS, PLC OFFERS MCLE TRAI | NINGS IN                                  |
| GUARDIANSHIP, IMMIGRATION, INCLUDING CITIZENSHIP, HUMAN TR | AFFICKING AND                             |
| U-VISAS, HOUSING, AND BANKRUPTCY. THESE TRAININGS SERVE AS | A WAY TO                                  |
| BOTH TRAIN AND RECRUIT PRO BONO ATTORNEYS FOR CLINICS AND  | CASE                                      |
| PLACEMENT. OUR TRAININGS FOR COMMUNITY PARTNERS HELP TO E  | DUCATE THEIR                              |
| STAFF AND CONSTITUENTS REGARDING LEGAL RIGHTS AND RESPONSI | BILITIES THAT                             |

AFFECT THEM.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE CHAIR BEFORE IT IS FINALIZED AND FILED. A COPY OF THE FORM 990 IS TRANSMITTED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS BEFORE IT IS FILED.

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

NO DIRECTOR OF THIS CORPORATION NOR ANY OTHER CORPORATION, FIRM,

ASSOCIATION, OR OTHER ENTITY IN WHICH ONE OR MORE OF THIS CORPORATION'S

DIRECTORS HAVE A MATERIAL FINANCIAL INTEREST SHALL BE INTERESTED, DIRECTLY

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OR INDIRECTLY, IN ANY CONTRACT OR TRANSACTION, UNLESS (A) THE MATERIAL

FACTS REGARDING THAT DIRECTOR'S FINANCIAL INTEREST IN SUCH CONTRACT OR

TRANSACTION OR REGARDING SUCH COMMON DIRECTORSHIP, OFFICERSHIP, OR

Schedule O (Form 990 or 990-EZ) (2018)

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2018.04030 PUBLIC LAW CENTER

| Schedule O (Form 990 or 990-EZ) (2018)                              | Page <b>2</b>   |  |  |
|---|---|--|--|
| Name of the organization PUBLIC LAW CENTER                          | Employer identification number<br>95-3709253              |  |  |
| FINANCIAL INTEREST ARE FULLY DISCLOSED IN GOOD FAITH AND            | NOTED IN THE  |  |  |
| MINUTES, OR ARE KNOWN TO ALL MEMBERS OF THE BOARD PRIOR T           | O THE BOARD'S   |  |  |
| CONSIDERATION OF SUCH CONTRACT OR TRANSACTION; (B) SUCH C           | CONTRACT OR   |  |  |
| TRANSACTION IS AUTHORIZED IN GOOD FAITH BY A MAJORITY OF            | THE BOARD BY A  |  |  |
| VOTE SUFFICIENT FOR THAT PURPOSE WITHOUT COUNTING VOTES O           | F THE INTERESTED  |  |  |
| DIRECTORS; (C)BEFORE AUTHORIZING THE TRANSACTION, THE BOA           | RD CONSIDERS AND  |  |  |
| IN GOOD FAITH DECIDES AFTER REASONABLE INVESTIGATION THAT           | THE CORPORATION   |  |  |
| COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REA           | SONABLE EFFORT  |  |  |
| UNDER THE CIRCUMSTANCES; AND (D) THE CORPORATION FOR ITS            | OWN BENEFIT ENTERS  |  |  |
| INTO THE TRANSACTION, WHICH IS FAIR AND REASONABLE TO THE           | CORPORATION AT  |  |  |
| THE TIME THE TRANSACTION IS ENTERED INTO.                           |   |  |  |
| THE FOREGOING RESTRICTION DOES NOT APPLY TO A TRANSACTION           | I THAT IS PART OF   |  |  |
| AN EDUCATIONAL OR CHARITABLE PROGRAM OF THIS CORPORATION            | IF IT (A) IS  |  |  |
| APPROVED OR AUTHORIZED BY THE CORPORATION IN GOOD FAITH A           | ND WITHOUT  |  |  |
| UNJUSTIFIED FAVORITISM AND (B) RESULTS IN A BENEFIT TO ON           | IE OR MORE  |  |  |
| DIRECTORS OF THEIR FAMILIES BECAUSE THEY ARE IN THE CLASS OF PERSON |   |  |  |
| INTENDED TO BE BENEFITED BY THE EDUCATIONAL OR CHARITABLE           | PROGRAM OF THIS   |  |  |
| CORPORATION.  |   |  |  |
| PLC EMPLOYEES ARE EXPECTED TO DEVOTE THEIR BEST EFFORTS A           | ND ATTENTION TO   |  |  |
| THE FULL-TIME PERFORMANCE OF THEIR JOBS. EMPLOYEES ARE EX           | PECTED TO USE GOOD  |  |  |
| JUDGMENT, TO ADHERE TO HIGH ETHICAL STANDARDS, AND TO AVO           | DID SITUATIONS THAT                                       |  |  |
| CREATE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST BETWEE           | N THE EMPLOYEE'S  |  |  |
| PERSONAL INTERESTS AND THE INTERESTS OF PLC. A CONFLICT O           | F INTEREST EXISTS   |  |  |
| WHEN THE EMPLOYEE'S LOYALTIES OR ACTIONS ARE DIVIDED BETW           | EEN PLC'S   |  |  |
| INTERESTS AND THOSE OF ANOTHER, SUCH AS A COMPETITOR, SUP           | PLIER, OR CLIENTS.  |  |  |
| BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTERES           | T SHOULD BE   |  |  |
| AVOIDED. EMPLOYEES UNSURE AS TO WHETHER A CERTAIN TRANSAC           | TION, ACTIVITY OR   |  |  |
|   | SCUSS IT WITH THE<br>nedule O (Form 990 or 990-EZ) (2018) |  |  |
| 46<br>51009 149072 83938Q 2018.04030 PUBLIC LAW (                   | CENTER 83938  |  |  |
|   |   |  |  |

| Schedule O ( | Form 990 or 990-EZ | ) (2018) |
|--------------|--------------------|----------|
|              |                    |          |

Name of the organization

EXECUTIVE DIRECTOR. SOME EXAMPLES OF POTENTIAL CONFLICTS OF INTEREST

INCLUDE, BUT ARE NOT LIMITED TO:

1. ENGAGING IN SELF-EMPLOYMENT IN COMPETITION WITH PLC;

2. USING PLC INFORMATION FOR PERSONAL GAIN;

3. ACCEPTING SUBSTANTIAL PERSONAL GIFTS FROM CLIENTS OR VOLUNTEER

ATTORNEYS; OR

4. USING PLC ASSETS OR LABOR FOR PERSONAL USE.

AN EMPLOYEE MAY ENGAGE IN OUTSIDE EMPLOYMENT, PROVIDED THAT SUCH EMPLOYMENT

DOES NOT INTERFERE WITH THE EMPLOYEE'S PERFORMANCE OF THEIR

RESPONSIBILITIES AT PLC. PLC LEGAL STAFF MAY NOT OFFER LEGAL SERVICES

OUTSIDE OF THEIR PLC RESPONSIBILITIES WITHOUT PRIOR APPROVAL OF THE

EXECUTIVE DIRECTOR.

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

THE BOARD OF DIRECTORS HAS DELEGATED TO THE BOARD EXECUTIVE COMMITTEE THE ANNUAL REVIEW AND COMPENSATION SETTING OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS A COMPENSATION SURVEY WHICH RELIES ON INFORMATION FROM THE FORM 990 OF SIMILAR LEGAL SERVICES ORGANIZATIONS TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE PUBLIC LAW CENTER DOES NOT HAVE A WRITTEN EMPLOYMENT CONTRACT WITH THE EXECUTIVE DIRECTOR. THE DELIBERATIONS AND DECISION OF THE EXECUTIVE DIRECTOR'S

COMPENSATION IS DOCUMENTED WITH HIS ANNUAL REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC UPON REQUEST ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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Schedule O (Form 990 or 990-EZ) (2018)

| Schedule O (Form 990 or 990-EZ) (2018)                 | Page <b>2</b>                                |
|--|--|
| Name of the organization PUBLIC LAW CENTER             | Employer identification number<br>95-3709253 |
| CONTRACTED SERVICES:                                   |  |
| PROGRAM SERVICE EXPENSES                               | 437,152.                                     |
| MANAGEMENT AND GENERAL EXPENSES                        | 54,162.                                      |
| FUNDRAISING EXPENSES                                   | 92,125.                                      |
| TOTAL EXPENSES   | 583,439.                                     |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 583,439.                                     |

# FORM 990 PART XII LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2018)