DLN: 93493321004088 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

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

2017

2		foundations)	venue cou	e (except private	4	TOT /					
	ment of the Treas	■ Information about Form 990 and its instructions is at w				en to Public					
Interna	l Revenue Servic	ee		, <u></u>	I	nspection					
A F	or the 2017 o	calendar year, or tax year beginning 01-01-2017 ,and ending 12	2-31-2017								
□ Ad	ck ıf applicable dress change me change	C Name of organization THE LAWFARE PROJECT INC		D Employer (d 27-2402908		tion number					
☐ Inr	me change tial return al return/terminated	Doing business as									
☐ Am	a return/terminateo iended return plication pendino	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone nu							
⊔ Ар	plication pending	City or town, state or province, country, and ZIP or foreign postal code		(212) 339-6	7995						
		NEW YORK, NY 10017		<b>G</b> Gross receipt	s \$ 1,392	2,062					
		F Name and address of principal officer Brooke Goldstein	H(a) I	s this a group return	for						
		633 Third Avenue 21 Floor		ubordinates? Are all subordinates		□Yes ☑No					
	x-exempt status	New York, NY 10017	─ <b>│</b> `´ ''	ncluded?		☐ Yes <b>☑</b> No					
		$\stackrel{5}{\blacksquare}$ 501(c)(3) $\stackrel{\frown}{\blacksquare}$ 501(c)( ) $\triangleleft$ (insert no ) $\stackrel{\frown}{\blacksquare}$ 4947(a)(1) or $\stackrel{\frown}{\blacksquare}$ 527 ww TheLawfareProject org		f "No," attach a list Group exemption nun		tructions)					
<b>K</b> Forr	n of organizatior	n ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of	formation 2010 M S	state of le	egal domicile DC					
Pa		nmary	•	•							
Activities & Governance	To raise a immediad Human R	escribe the organization's mission or most significant activities awareness about the phenomenon and specific instances of Lawfare, assicy that it warrants, 2 To facilitate legal and non legal responses to the pixights Law, 3 To identify potential lawfare threats and mobilize human are ind interested parties together in a common forum to discuss the phenomenation.	erversion and nd institution	d misapplication of ir	nternatio	onal and National					
ove											
Ğ		25% of its net asset									
<b>~</b> Se	3 Number	3	5								
Ĕ	4 Number 5 Total nu	5	3								
Act											
	<b>7a</b> Total un	related business revenue from Part VIII, column (C), line 12			7a	0					
	<b>b</b> Net unre	elated business taxable income from Form 990-T, line 34			7b						
				Prior Year	Cu	urrent Year					
₫		utions and grants (Part VIII, line 1h)		1,027,751		1,379,212					
Ravenu	_	n service revenue (Part VIII, line 2g)		4,660		12,099 254					
æ		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		330		497					
		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	(1)	1,032,741		1,392,062					
	13 Grants a	and similar amounts paid (Part IX, column (A), lines 1–3 )				230,308					
	<b>14</b> Benefits	s paid to or for members (Part IX, column (A), line 4)				0					
8		, other compensation, employee benefits (Part IX, column (A), lines 5–10	D)	396,134		555,259					
Expenses		ional fundraising fees (Part IX, column (A), line 11e)				0					
푎		draising expenses (Part IX, column (D), line 25) ▶33,707  xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		304,569		352,396					
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		700,703		1,137,963					
	<b>19</b> Revenue	e less expenses Subtract line 18 from line 12		332,038		254,099					
Ces			Begin	ning of Current Year	E	End of Year					
sets	20 Total as:	sets (Part X, line 16)		792,477		1,082,069					
Net Assets or Fund Balances	l	bilities (Part X, line 26)		255,796		291,289					
žĪ.	22 Net asse	ets or fund balances Subtract line 21 from line 20		536,681		790,780					
		nature Block			J 1 - 1 -	- L					
know		perjury, I declare that I have examined this return, including accompany lef, it is true, correct, and complete Declaration of preparer (other than o									
	****	**		2018-11-17							
Sign	' -	iture of officer		Date							
Here	DIOOK	ke Goldstein Executive Director or print name and title									
-	<b>/</b> ''	Print/Type preparer's name Preparer's signature	Date	Charle D of PTIN							
Paid	<b>.</b>	Nancy Kelly Nancy Kelly		self-employed	94756						
	barer	Firm's name ► NE KELLY AND ASSOCIATES LLC  Firm's address ► 4238 WASHINGTON STREET SUITE 307		Firm's EIN ► 74-3049  Phone no (617) 390-							
Use	Only	BOSTON, MA 021312517		- rnone no (617) 390-	J/ 34						
May +	he IRS discuss	s this return with the preparer shown above? (see instructions)			<b>√</b> ∨	. □ No					
y L	in unacus	and return man the property shown above. (see instructions)			cs						

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)						Page <b>2</b>
Par	t IIII Statement of Pro	ogram Service	Accomplis	hments			
	Check If Schedule O	contains a respon	se or note to a	any line in this Part III			. $\square$
1	Briefly describe the organiza	ition's mission					
<u>Ded</u> i	cated solely to identifying, and	alyzıng, and facılıt	ation a respor	ise to lawfare in all of its	s manıfestatıons		
_	<b>5</b> 1.1						
2	Did the organization underta			- '	nich were not listed on	□ Yes 5	7
	the prior Form 990 or 990-E					∟ Yes D	<b>V</b> I NO
3	If "Yes," describe these new Did the organization cease of			changes in how it condu	ete any program		
3	-		-	changes in now it condu	cts, any program	□Yes	√ Na
	services?					∟ res	. NO
4	•	-		6			
•		)(4) organization	s are required	to report the amount of	argest program services, as measur f grants and allocations to others, th		es
4a	(Code )	(Expenses \$	949,199	including grants of \$	) (Revenue \$	)	
	See Additional Data						
4b	(Code )	(Expenses \$		including grants of \$	) (Revenue \$	)	
	-						
	-						
	/C \	/F			) (Davisor &		
4c	(Code )	(Expenses \$		including grants of \$	) (Revenue \$	)	
4d	Other program services (De		•				
	(Expenses \$		ding grants of	*	) (Revenue \$	)	
4e	Total program service ex	penses 🟲	949,1	99			

Yes

Yes

1

2

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11a

11b

11c

11d

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12a

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14a

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Yes

Yes

Yes

Yes

Page 3

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Nο

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No

No

No

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No

Nο

No

Nο

Form **990** (2017)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 . . .

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 💆 . . . . . . . . . . . . . .

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 💆 . . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year? 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 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . **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 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

29

Part IV Checklist of Required Schedules (continued)			
		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

Nο

Page 4

20b

Nο

Nο

Nο

Nο

Nο

No

No

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No

Nο

Nο

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Nο

Nο

Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21 22

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

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Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes," 23 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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Yes

orm	990 (2017)			Page !
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
C	If les, to line 3a or 3b, did the organization me rotin 8886-17	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required <sup>7</sup>	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1				
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHII	990 (2	2017)					Page <b>o</b>
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			o" respo	nse to l	ines
		Check if Schedule O contains a response or note to any line in this Part VI					<b>✓</b>
Se	ction	A. Governing Body and Management					
			_			Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	į	5		
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
Ь	Enter	the number of voting members included in line 1a, above, who are independent	1b		,		
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	itionship with any other	2		No
3		ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other			n 3		No
4	Did th	ne organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No
6	Did th	ne organization have members or stockholders?			6		No
7a		ne organization have members, stockholders, or other persons who had the power obers of the governing body?	to elec	t or appoint one or more	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	) mem	bers, stockholders, or	<b>7</b> b		No
8		ne organization contemporaneously document the meetings held or written actions ollowing	under	taken during the year by			
а	The g	overning body?			8a	Yes	
ь	Each	committee with authority to act on behalf of the governing body?			8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	ov the Internal Revenu	ie Code	e.)	
		,				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activition ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has th	he organization provided a complete copy of this Form 990 to all members of its go	vernın	ng body before filing the	11a	Yes	
Ь	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
		officers, directors, or trustees, and key employees required to disclose annually in		that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the	policy	? If "Yes," describe in	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?			13	Yes	
14		ne organization have a written document retention and destruction policy?			14	Yes	
15	Did th	ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an	and ap	proval by independent			
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
ь	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a	arrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizat nt venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ıard th				
<u> </u>		<u> </u>			16b		
<u>Se</u> 17		C. Disclosure  ne States with which a copy of this Form 990 is required to be filed▶					
- /	LISELI	NY					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ible for public inspection Indicate how you made these available Check all that ap		990-T (501(c)(3)s only)			
		Own website 🔲 Another's website 🗹 Upon request 🗹 Other (explain in So	chedul	e O)			
19	policy	tibe in Schedule O whether (and if so, how) the organization made its governing do $\gamma$ , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organ oke Goldstein 633 Third Avenue 21 Floor New York, NY 10017 (212) 339-6995	ızatıor	's books and records			<u> </u>
					F	orm 99	0 (2017)

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

### 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- 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) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from related from the compensation any hours organization organizations director/trustee) from the for related (W-2/1099-(W-2/1099organization and Ę, Former individual to or director Highest compensate organizations MISC) MISC) related nstitutional 豆 below dotted emplo organizations line) trustee Trustee Ť 2.00 (1) Brooke Goldstein Х n Ω Secretary 0.00 2 00 (2) Jay Eisenhofer 0 Х Director 0.00 2 00 (3) Henry Shiner Х n 0 O Χ Treasurer 0 00 2 00 (4) Lawrence Hill X Х 0 Chairman 0 00 2 00 (5) Harvey Bell ...... 0 0 Director 0 00 40 00 (6) Benjamin Ryberg Х 0 154.000 COO 0.00 40 00 (7) Amanda Berman х 0 154,000 Dir Legal Affairs 0 00 40 00 (8) Brooke Goldstein 200,000 Executive Director 0 00

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers r and a tee)	son	Repo compo froi organiz	( <b>D)</b> ortable ensation m the tation (W-		n d (W-	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptovies	Former	2/109	9-MISC)	2/1099-MISC	.,	organizati relate organiza	ed	
			<u> </u>	-	<u> </u>	<u> </u>		<u> </u>				$\dashv$			
				<del></del>	<del>  '</del>	<del> </del>	$\vdash$	$\vdash$				+			
				<del>     </del>	$\vdash$		$\vdash$	$\vdash$				+			
- 			ļ'	<u> </u>	<u> </u>	<u> </u>						$\downarrow$			
		<u> </u>	ļ'	<u>                                     </u>	<u> </u> -	<u> </u>	<del> </del>	<u> </u>				$\dashv$			
				<u></u>	<del>  '</del>	<u> </u> -	├─	igdot				$\dashv$			
1b S	Sub-Total			<u>.                                    </u>	<u>.                                    </u>	<u></u>	<u> </u>					士			
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	Part VII, Section				•	<b>▶</b>			508,000		-			
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos		ed a	bov	e) who	rece	eıved mo	re than \$	100,000				
													Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>	,		ee, ke	ey e	mplo •	oyee, d	or hi	ghest cor	mpensate • •	d employee on	3		No	
4	For any individual listed on line 1a, is organization and related organizations	the sum of reposits greater than \$	ortable ( \$150,00	comp 0? <i>If</i>	ensa "Yes	atior 5," c	n and complet	other te Sc	r compen: thedule J	sation fro for such	m the				
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									5	Yes	No			
Se	ection B. Independent Contract	, ,		_	_	_								110	
1	Complete this table for your five higher from the organization Report comper											mpen	sation		
	Name :	(A) and business addre	ess							Des	(B) scription of services		(C) Compensation		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Form 990 (2017)

		(2017)	Davianus									Pag	ge <b>9</b>
Part '	V	Statement of Check if Schedul		a resno	inse or ni	nte to any	line in t	his Part VII	Τ			[	П
		Check ii Schedul	e o contains	и тезро	713C OT 110		(	A) revenue	Re e fu	(B) lated or xempt inction	(C) Unrelated business revenue	excluded fror tax under secti	
	1a	Federated campaig	ns	1a					re	evenue		512-514	
nts Ints		Membership dues		1b									
ira 10u		Fundraising events		1c									
s. ( An		Related organizatio		1d									
ia Ta		Government grants (co		1e									
S. m		All other contributions,		<u> </u>									
tio er S	'	and similar amounts n	ot included	1f	:	1,379,212							
혈	٥	Noncash contribution	ons included										
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$		_		_							
ء د	n	Total.Add lines 1a-1						,379,212					
RI e	٦-					Business	541610		12,099	12	,099		
i v	Za	Program Service Fee					341010		12,099	12	,099		
e B	b			_									
ervi	c d												
E S	e			_									
Program Service Revenue	f	All other program se	rvice revenue		L								
Ĕ	g.	<b>Total.</b> Add lines 2a-2f	f		<b>&gt;</b>		12,099						
		investment income (ii			nterest, a	and other		25	i4	254			
		imilar amounts)  . Income from investm			ond proce	eeds 🕨	.		0				
							·		0				
			(ı) Rea	ı	(II) P	ersonal							
	6a	Gross rents											
	b	Less rental expenses					1						
	c	Rental income or					-						
		(loss)					_						
	d	Net rental income o							0				
	7a	Gross amount	(ı) Securi	ties	(11)	Other	-						
		from sales of assets other											
		than inventory											
	b	Less cost or other basis and											
	c	sales expenses Gain or (loss)					-						
		Net gain or (loss)		•		<b>&gt;</b>	1		0				
	8a	Gross income from fr											
Other Revenue		(not including \$ contributions reporte	ed on line 1c)	of									
e v e		See Part IV, line 18		- 1			_						
r R		Less direct expense Net income or (loss)			ents				0				
the		Gross income from g		_		• •	1		1				
0		See Part IV, line 19											
	b	Less direct expense	5	a b			-						
		Net income or (loss)		I	es	<b>•</b>	J		0				
	10a	Gross sales of invent											
		returns and anoward	.es	a									
	b	Less cost of goods s	sold	ь			1						
	С	Net income or (loss)		invent					0				
		Miscellaneous	Revenue		Busine	ess Code	4	40	17				497
	11	<b>a</b> Royalty income						49	"				49/
	b				•								
	J												
	c				•								
	_												
	d	All other revenue .											
	е	Total. Add lines 11a	-11d			<b>&gt;</b>		49	17				
	12	Total revenue. See	Instructions							12 252			407
								1,392,06	<u>"</u>	12,353	l .	Form 000 /3/	497

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	nizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>	<u> </u>	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	230,308	230,308		
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	200,000	150,000	50,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	355,259	266,444	61,052	27,763
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
<b>10</b> Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	0			
c Accounting	0			
	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,242	37,794	9,448	
12 Advertising and promotion	0			
<b>13</b> Office expenses	2,128	1,702	426	
14 Information technology	2,277	1,822	455	
15 Royalties	0			
<b>16</b> Occupancy	23,136	17,352	4,627	1,157
17 Travel	12,499	9,374	2,500	625
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	5,51		
19 Conferences, conventions, and meetings	7,791	5,843	1,558	390
	1,440	1,152	288	
<u> </u>	0	1,132	200	
21 Payments to affiliates		25	0	
22 Depreciation, depletion, and amortization	46	35	9	
23 Insurance  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )	13,259	10,607	2,652	
a Public education and info	106,800	85,440	21,360	
<b>b</b> Legal fund expense	54,054	54,054		
c Program services	35,697	35,697		
d bad debt expenses	14,877	14,877		
e All other expenses	31,150	26,698	682	3,770
25 Total functional expenses. Add lines 1 through 24e	1,137,963	949,199	155,057	33,707
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ✓ if following SOP 98-2 (ASC 958-720)		·	· .	· ·

277,044

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34

1.905

46

792,477

30.412

225.384

255,796

86,593

450.088

536,681

792,477

Page **11** 

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0

1.082.069

65,905

225.384

291,289

475,174

315.606

790,780

1.082.069

Form **990** (2017)

63,746

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

Accounts receivable, net .

Part II of Schedule L . . . Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . .

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

Inventories for sale or use .

Less accumulated depreciation

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	513,482	1	1,018,323
2	Savings and temporary cash investments		2	0

14,484

14.484

Assate
Δ

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Liabilities 22

Fund Balances

ŏ 30

Assets 31

Net

Pledges and grants receivable, net . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

10a

10b

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 instructions) Complete

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2017)

✓ Separate basis

Audit Act and OMB Circular A-133?

Consolidated 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

### **Additional Data**

**Software ID:** 17005038

**Software Version:** 2017v2.2 **EIN:** 27-2402908

Name: THE LAWFARE PROJECT INC

Form 990 (2017)

#### 101111 330 (2017)

Form 990, Part III, Line 4a:

To raise awareness about the phenomenon and specific instances of Lawfare, assuring the subject matter receives the credibility and immediacy that it warrants, 2 To facilitate legal and non legal responses to the perversion and misapplication of international and National Human Rights Law, 3 To identify potential lawfare threats and mobilize human and institutional resources to combat them, and 4 To bring diverse and interested parties together in a common forum to discuss the phenomenon

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -		DLN: 9	DLN: 93493321004088			
	m 99	OULE A	Con		Charity Staturganization is a sect	ion 501(c)(3) d	organization or	ort	2017		
Depart	ment of	f the Treasury	▶ Infe	ormation abou	Attach to Form at Schedule A (Form	990 or Form 99	0-EZ.	ictions is at	Open to Public Inspection		
Nam	e of th	<del>nie Service</del> <b>he organiza</b> E PROJECT INC						Employer identific	ation number		
								27-2402908			
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			See instructions.			
1	n garnz		•		sociation of churches	•	,	(A)(i)			
2		•									
					1)(A)(ii). (Attach Scl	•	• •				
3		·		•	vice organization desc			•			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .									
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).			
7		-		mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the gener	al public described in		
8		A communi	ty trust desci	ribed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a		
10	<b>✓</b>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a			
a		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup porting organiza	ervised or controlled i ation vested in the sar						
c		Type III f	unctionally i		supporting organizatio ions) You must com				ted with, its		
d		Type III n	on-function integrated	<b>ally integrate</b> The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	` '		
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally		
f	Enter			on-functionally Lorganizations	integrated supporting	organization					
g				-	ipported organization(	s)		_			
(i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed organization in your governing document?						(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No				
Tota					nstructions for	Cat No 11285		 Schedule A (Form 9			

instructions

	(Complete only if you che						ty under Part	
_	III. If the organization fai	is to quality ur	ider the tests is	sted below, pleas	se complete Pan	t III.)		
	Section A. Public Support  Calendar year		1	I	I			
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
_	membership fees received (Do not							
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							
0	line 4							
_	Section B. Total Support		1	1				
	Calendar year							
	(or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	<b>(f)</b> Total	
7	Amounts from line 4							
8	Gross income from interest,							
•	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI )							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activities, e	to (see instructi	nns)		L	12		
				1.6 11 601				
13	First five years. If the Form 990 is for	=			= -		_	
	check this box and stop here					<u> ▶ L</u>		
S	section C. Computation of Public	<b>Support Perc</b>	entage					
14	Public support percentage for 2017 (line	e 6, column (f) d	ivided by line 11,	column (f))		14		
	Public support percentage for 2016 Sch					15		
	33 1/3% support test—2017. If the			on line 13, and lin	ie 14 is 33 1/3% oi		hox	
100	and <b>stop here.</b> The organization qualif							
					and line 1E ic 22 i	/20/- or more chas	ele +bec	
E	b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and <b>stop here.</b> The organization	qualifies as a pul	olicly supported or	ganızatıon			▶⊔	
<b>17</b> a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organization							
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publi	icly supported		
	organization						▶ □	
h	10%-facts-and-circumstances test	<b>—2016.</b> If the d	rganization did no	t check a box on li	ne 13, 16a, 16b, d	or 17a, and line		
_	15 is 10% or more, and if the organiza							
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstan	ces" test. The orga	nization qualifies	as a publicly		
	supported organization						▶ □	
18	Private foundation. If the organization	n did not check a	a box on line 13, 1	.6a, 16b, 17a, or 1	7b, check this box	and see		

0

0

3,707,954

3,707,954

3,707,954

23,794

23,794

n

497

3.732.245

99 350 %

99 130 %

0 640 %

0 870 %

▶□

▶□

(f) Total

S	Section A. Public Support										
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	283,718	666,013	284,075	1,027,751	1,379,212	3,640,769				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,887	27,374	17,165	4,660	12,099	67,185				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0				
4	Tax revenues levied for the										

693,387

**(b)** 2014

693,387

84

84

693,471

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

289,605

(a) 2013

289,605

289,605

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

1,032,411

(d) 2016

1,032,411

330

330

1.032.741

301,240

(c) 2015

301,240

23,126

23,126

324,366

1,391,311

(e) 2017

1,391,311

254

254

497

1.392.062

Schedule A (Form 990 or 990-EZ) 2017

15

16

17

18

the organization fails to qualify under the tests listed below, please complete Part II.)

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

7a	Amounts included on lines 1, 2, and	
	3 received from disqualified persons	
b	Amounts included on lines 2 and 3	
	received from other than disqualified	
	persons that exceed the greater of	
	\$5,000 or 1% of the amount on line	
	13 for the year	
С	Add lines 7a and 7b	
8	Public support. (Subtract line 7c	

organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5

from line 6)

1975

9

10a

11

14

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16

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Section B. Total Support Calendar year

> Amounts from line 6 Gross income from interest,

Add lines 10a and 10b

regularly carried on

11, and 12)

(or fiscal year beginning in) ▶

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b,

Other income Do not include gain

whether or not the business is

or loss from the sale of capital assets (Explain in Part VI) **Total support.** (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

Page 4

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	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	3a	

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
c			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

	determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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 <b>Part VI</b> 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	40	( )	

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
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	4a	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		
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 <b>Part VI</b> , 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			

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b	
С	the organization support any foreign supported organizations the organization support any foreign supported organization that does not have an IRS determination under sections L(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support	40	
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5а	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 <b>Part VI</b> , 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)	5a	
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?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		<u>'</u>	uge D
			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		
c	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		
S	ection B. Type I Supporting Organizations		1	
			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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	_		
S	ection 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 <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			<u> </u>
S	ection 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	res	INO
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> 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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	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 <b>Part VI.</b> the role played by the organization in this regard	36		

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Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) <b>See</b> 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 (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 (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)	1							
a	Average monthly value of securities	1a							
b	Average monthly cash balances	<b>1</b> b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)								
2	Acquisition indebtedness applicable to non-exempt use assets	2							
3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4							
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							
	Management and the second of the Control Bullion Control A								

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
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
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	<del>-</del> -	
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

	, ,			
7 Total annual distributions. Add lines 1 through 6				
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions			
9	9 Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Distributions to attentive supported organizations to whe details in Part VI) See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
а			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
6 Takal addison 2a khararah			

e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
<b>h</b> Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
Distributions for 2017 from Section D, line 7	
\$	
Applied to underdistributions of prior years	
<b>b</b> Applied to 2017 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI	

\$		
a Applied to underdistributions of prior years		
<b>b</b> Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		

2017, if any Subtract lines 3g and 4a from line 2  If the amount is greater than zero, explain in Part VI  See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		

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

**c** Excess from 2015. . . . . d Excess from 2016. . . e Excess from 2017. . . . .

#### **Additional Data**

Software ID: 17005038
Software Version: 2017v2.2

EIN: 27-2402908

Name: THE LAWFARE PROJECT INC

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Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

## Facts And Circumstances Test

**SCHEDULE C** 

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

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493321004088

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

•	Section 527 organizations Complet			·	
• : • : If the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that a organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ui n Form 990, Part IV, Line 5 (Proxy Ta:	section 501(h)) Conder section 501(h	omplete Part II-A Do not o	complete Part II-B o not complete Part II-A
	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz				
	me of the organization E LAWFARE PROJECT INC			Employer ide	entification number
				27-2402908	
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ii	n Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •			
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).		
1	,	ax incurred by the organization under se		•	\$
2	•	ax incurred by organization managers u		<b>&gt;</b>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	this year?		☐ Yes 🗹 No
4a	Was a correction made?				🗌 Yes 🗹 No
b	If "Yes," describe in Part IV		- 504(-)		
		nization is exempt under section			·-
1	, ,	ed by the filing organization for section	· ·		\$
2	function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am- that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's fund political organization, such	s Also enter the amount
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice see	the instructions for Form 990 or 990-EZ.	C-1	No E0094C Schedule C	/Form 990 or 990-E7) 2017

Schedule C (Form 990 or 990-EZ) 2017

	expenses, and share or excess loss, in	g experience,			
В	Check ▶ ☐ If the filing organization checked box A	A and "limited control" provisions apply			
	Limits on Lobbying (The term "expenditures" means		٥	(a) Filing rganization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)			
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1c and	d 1d)			
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of line 1f	)			
h	Subtract line 1g from line 1a If zero or less, enter -(	0-			
i	Subtract line 1f from line 1c If zero or less, enter -0	-			

f	Lobbying nontaxable amount Enter the amount from columns	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f	)		
h	Subtract line 1g from line 1a If zero or less, enter -0	)-		
i	Subtract line 1f from line 1c $$ If zero or less, enter -0 $$	-		
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	h or line 11, did the organization file Form 472	:0 reporting	☐ Yes ☐ No
	4-Year Av	eraging Period Under section 501(h	)	

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Page 2

(b)

(a)

activi		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	_
е	Publications, or published or broadcast statements?		No	_
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10,816
j	Total Add lines 1c through 1i			10,816
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r section	<u> </u>
				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 expenditures from the prior year?		3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."			
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		
C	Total	<b>2</b> c		
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
Ρa	art IV Supplemental Information			

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Meetings with congressional offices and lobbyist, American Continental Group to discuss proposed federal

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

anti-discrimination legislation

Return Reference

Part II-B, Line 1i - Other Activities

Description

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

## **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.

DLN: 93493321004088 OMB No 1545-0047

Department of the Treasury

(Form 990)

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

**Open to Public** 

Na	ime of the organization		Emplo	oyer identification number
ιHb	E LAWFARE PROJECT INC		27-24	02908
Pā	Organizations Maintaining Donor Advis		or Acco	unts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.  (a) Donor advised funds		<b>b)</b> Funds and other accounts
1	Total number at end of year	(a) Bollor davised lands	<del>                                     </del>	by and and other decounts
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 advisor organization's property, subject to the organization's ex		advised fu	nds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			only for
Pa	rt II Conservation Easements. Complete if th	ie organization answered "Yes" on Fo	rm 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)		
	$\square$ Preservation of land for public use (e g , recreation	n or education) $\qed$ Preservation of a	ın historica	ally important land area
	Protection of natural habitat	Preservation of a	certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the f	orm of a <u>c</u>	
а	easement on the last day of the tax year  Total number of conservation easements		2a	Held at the End of the Year
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic	c structure included in (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	` '	2d	
3	Number of conservation easements modified, transferre tax year	d, released, extinguished, or terminated b	y the orga	nization during the
4	Number of states where property subject to conservation	n easement is located ▶		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, inspection, handling	g of violati	ons, 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservat	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing conse	ervation ea	asements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the requirements of section	170(h)(4)	(B)(ı) ☐ <b>Yes</b> ☐ <b>No</b>
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial sta		
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Ye		her Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in	furtherar	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
(	ii)Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ancıal gaı	n, provide the
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
b	Assets included in Form 990, Part X			<b>&gt;</b> \$
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990. Cat No	52283D	Schedule D (Form 990) 201

Par	t IIII	Organizations Maintaining Col	lections of Art, F	listori	cal T	reası	ares, or	Other:	Similar A	ssets (	(continued)
3		g the organization's acquisition, accession s (check all that apply)	n, and other records,	check	any of	the fo	llowing tl	hat are a	sıgnıfıcant ı	use of it	s collection
а		Public exhibition		d		Loan	or excha	inge prog	rams		
b		Scholarly research		e		Othe	r				
c		Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No										
Pa	Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a											
ь	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table		[		A	mount	
c	Begir	nning balance						1c			
d	Addıt	cions during the year						1d			
e	Dıstr	ibutions during the year						1e			
f	Endır	ng balance						1f			
2a	Did t	he organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or cu	ıstodıal a	ccount lia	bility?		es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the ex	knlanati	ion has	heen	nrovidec	l in Part )	(III		
	art V	Endowment Funds. Complete if									<del>· ·                                    </del>
		<b></b>	(a)Current year		rior yea				(d)Three ye		(e)Four years back
1a	Beginn	ning of year balance			·						
b	Contril	butions									
c	Net in	vestment earnings, gains, and losses									
d	Grants	s or scholarships									
е		expenditures for facilities ograms									
f	Admın	ıstratıve expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balance	(line 1	g, colu	mn (a	)) held as	5			
ь	Perm	anent endowment ►									
	Tem	porarily restricted endowment >									
Ĭ	•	percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а	orgar	here endowment funds not in the posses nization by	sion of the organizat	ion tha	t are h	eld an	ıd admını	stered for	the		Yes No
_	(ii) r	nrelated organizations								3	a(i) a(ii)
ь 4		es" on 3a(II), are the related organizatior ribe in Part XIII the intended uses of the				· ·					3b
				villent i	unus						
F.G.	rt VI	Land, Buildings, and Equipment Complete if the organization answ		m 990	, Part	IV. li	ine 11a.	See For	m 990. Pa	rt X. lı	ne 10.
	Descr	ription of property (a) Cost or oth (investme	er basis (b) Cost						epreciation		(d) Book value
<b>1</b> a	Land										
b	Buildin	ngs									
С	Leasel	nold improvements									
		ment				46			46		
	Other				:	4,438			14,438		
		lines 1a through 1e (Column (d) must e	qual Form 990, Part .	X, colur	mn (B)	, line .	10(c)).	. 1	<b>&gt;</b>		

	See Form 990 Part Y line 12				
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		Method of valuation end-of-year market value
	al derivatives				
	Tield equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990. P	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost or	end-or-year market value
(2)					
(3)					
4)					
5)					
6)					
(7)					
(8)					
(8)					
(9)	nn (b) must equal Form 990. Part X, col (B) line 13 )	•			
(9) Fotal. (Colum	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9)  Fotal. (Column  Part IX			n 990, Part	IV, line 11d See	Form 990, Part X, line 15  (b) Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)  2)  3)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answere  (a) Description		m 990, Part	IV, line 11d See	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answere  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserts.	on .			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answere  (a) Description  (b) must equal Form 990, Part X, col (B) line 15	on .			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answere  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1.	Other Assets. Complete if the organization answere  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Form		(b) Book value

2

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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Page 4

#### 2d 3

Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments . . . .

4a

1.277.556

2a

2h

2c

2e 1,277,556 3 1,392,062 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4b Add lines 4a and 4b . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . 5 1,392,062 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 2,415,519 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

2a 1.277.556 а 2b

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

2c 2d 1,277,556 2e 3 3 1,137,963 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

Investment expenses not included on Form 990, Part VIII, line 7b . . . b 4c 5 1,137,963

Explanation

5

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII Supplemental Information

Return Reference

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

Schedule D (Fo	orm 990) 2017	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -	-	DLN	DLN: 93493321004088		
SCHEDULE F (Form 990)	Statement of	Activities (	Outside the Uni	ted States	OMB No 1545-0047		
(1 61111 656)	► Complete If the organ		Yes" to Form 990, Part IV, I to Form 990.	ine 14b, 15, or 16.	2017		
Department of the Treasury Internal Revenue Service	► Information about Scho	edule F (Form 990) a	and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection		
Name of the organization				Employer ide	ntification number		
THE LAWFARE PROJECT INC				27-2402908			
Part I General Info Form 990, Par		s Outside the U	<b>Jnited States.</b> Comple	te if the organization	answered "Yes" to		
other assistance, the g to award the grants of	grantees' eligibility for the assistance? escribe in Part V the org	the grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No ther assistance		
		3 table can be dupli	cated if additional space is	needed )			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region		
( 1) See Add'l Data							
( 2)							
(3)							
(4)							
( 5)							
3a Sub-total b Total from continuation s Part I	sheets to	8			230,309		
c Totals (add lines 3a and For Paperwork Reduction Act I		8 to Form 000		No 50082W Sched	230,309 ule F (Form 990) 2017		

( 2)				
( 3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . .

Schedule F (Form 990) 2017

(6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17)

(18)

Page **3** 

Schedule F (Form 990) 2017

Part IIII Grants and O	art III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.								
Part III can be	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of		

(a) Type of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
/ 2\							

	recipients	cash grant	dispursement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
( 2)						

( 2)				
( 3)				
(4)				

( 3)				
(4)				
(5)				

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	rt IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	<b>☑</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F	(Form 990) 2017	Page <b>5</b>	
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. any additional information (see instructions).	ethod); Part III (accounting	
	Return Reference	Explanation	
Part I, Lin	e 3f - Method of Accounting	Accrual	

S

#### **Additional Data**

Belgium

**Software ID:** 17005038 **Software Version:** 2017v2.2 **EIN:** 27-2402908

Name: THE LAWFARE PROJECT INC

Legal Services

38,470

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Canada	0	1	Program Services	Legal Services	10,000

2 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) France Legal Services 16.307 1 Program Services Italy 1 Program Services Legal Services 12,336

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Spain Legal Services 101.390 1 Program Services United Kingdom 1 Program Services Legal Services 49,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) Legal Services 2.806 Germany 1 Program Services

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9332	21004	088
Sch	nedule J	C	ompensat	tion Information	ОМ	B No	1545-0	0047
(For	m 990)	For certain Offic	ers, Directors, 1	Trustees, Key Employees, and Hig	hest			
	Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				line 22	2017		
			► Attach	h to Form 990.				
•	tment of the Treasury al Revenue Service	▶ Information a		J (Form 990) and its instructions is a square of J (Form 990).			to Pul ectio	
Nar	me of the organiza				Employer identificati			
THE	LAWFARE PROJECT	INC			27-2402908			
Pa	rt I Questi	ons Regarding Compensa	ation		27 2402300			
	(						Yes	No
1a				of the following to or for a person liste ny relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	닏	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		follow a written policy regarding paym mplete Part III to explain	ent or reimbursement	<b>1</b> b		
2				or allowing expenses incurred by all	4-2	2		
	directors, truste	es, officers, including the CEO/	Executive Directo	or, regarding the items checked in line	· la/			
3				ed to establish the compensation of th	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
		-						
4	related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	ing organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqua	alified retirement plan?		4b		No
c	c Participate in, or receive payment from, an equity-based compensation arrangement?					4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	: III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29	) organizations	s must complete lines 5-9.				
5		ed on Form 990, Part VII, Section contingent on the revenues of		the organization pay or accrue any				
а	The organization	n <sup>?</sup>				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					<b>6</b> b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section Rescribed in lines 5 and 6? If "Ye		the organization provide any nonfixed art III	1	7		No
8				ured pursuant to a contract that was s section 53 4958-4(a)(3)? If "Yes," de	escribe	•		NI -
9		8, dıd the organızatıon also folk	ow the rebuttable	e presumption procedure described in	Regulations section			No No
Eau I		uction Act Notice, see the Inc	structions for E	form 990. Cat No 5	i0053T Schedule 1		, 000)	

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 are not 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-MISC compensation (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Amanda Berman 154,000 (i) 154,000 Dir Legal Affairs l(ii) <u>\_</u> C

	(")					_
	(i)	154,000			154,000	
	(ii)					
<b>3</b> Brooke Goldstein Executive Director	(i)	200,000		 	200,000	
	(ii)					
	_				Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 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 Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493321004088
(Form 990 or 990- EZ)  Department of the Treasury  Complete to provious Form 990 o  Form 990 o  Information about		al Information to Form 990 or Svide information for responses to specific quest r 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) and its instrumental www.irs.gov/form990.		ons on 1.	2017 Open to Public Inspection
Name of the org THE LAWFARE PRO		on		Employer identif 27-2402908	fication number
Return Reference			Explanation		
Form 990, Part VI, Line 11b Form 990 Review Process	The Form 990 is reviewed and appi	roved by the current Be	oard at the time of filing		

# 990 Schedule O, Supplemental Information Return

Reference	'
Form 990, Part VI, Line 12c	THE ORGANIZATION REQUIRES ALL DIRECTORS AND OFFICERS TO SIGN A CONFLICT OF INTERESTAND DIS CLOSURE FORM ANNUALLY AND TO AFFIRMATIVELY DISCLOSE POTENTIAL CONFLICTS ASTHEY ARISE

Explanation

12c
Explanation
of Monitoring
and
Enforcement
of Conflicts

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990, Part VI, Line	THE ORGANIZATION Determined executive compensation at the inception of the Organization and re evaluates as needed
15a	
Compensation	
Review &	
Approval	
Process -	
CEO, Top	
Management	

990 Schedule O, Supplemental Information

D = 4....

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE ORGANIZATION Determined compensation at the inception of the Organization and re evaluates as needed

Funlametics.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 18 Explanation of Other Means Forms Available For Public Inspection	The Organization discloses the governing documents, policies, and financial statements by registration with Public Charities and copies of these documents are provided upon request

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
19 Other
Organization
Documents
Publicly
Available

The Organization discloses the governing documents, policies, and financial statements by registration with Public Charities and copies of these documents are provided upon request