| 8879-EO | for | -file Signature Aut an Exempt Organ | nization | F | OMB No. 1545-1878 |
|--|--|---|--|--|--|
| | | ar beginning OCT 1 , 2018, | | 2019 | 0040 |
| | | o not send to the IRS. Keep for | | | 2018 |
| epartment of the Treasury ternal Revenue Service | | ww.irs.gov/Form8879EO for the | | | |
| ame of exempt organization | | | | Employer id | entification number |
| | | | | | |
| HILDREN'S LAW | V CENTER, INC. | | | 52-19 | 61588 |
| ame and title of officer | | | The second second | | |
| UDITH SANDALO | | | | | |
| XECUTIVE DIRE | SCTOR | | | | |
| Part I Type of F | Return and Return Info | ormation (Whole Dollars Only | <pre>/)</pre> | | |
| n line 1a, 2a, 3a, 4a, or 5a | a, below, and the amount on | is Form 8879-EO and enter the a that line for the return being filed you entered -0- on the return, the | d with this form was blan | k, then leave lin | e 1b, 2b, 3b, 4b, or 5b, |
| Form 990 check here | ► X b Total rever | nue, if any (Form 990, Part VIII, co | olumn (A) line 12) | 1h | 11,214,663. |
| a Form 990-EZ check he | | evenue, if any (Form 990-EZ, line | | | |
| a Form 1120-POL check | | tal tax (Form 1120-POL, line 22) | | | |
| a Form 990-PF check he | | sed on investment income (For | | | |
| a Form 8868 check here | | ue (Form 8868, line 3c) | | | 12 |
| | | | | | |
| Part II Declarat | tion and Signature Au | thorization of Officer | | | |
| a) an acknowledgement on the date of any refund. If a ebit) entry to the financia eturn, and the financial in | of receipt or reason for reject applicable, I authorize the U.S al institution account indicate istitution to debit the entry to | e return originator (ERO) to send to ion of the transmission, (b) the re S. Treasury and its designated Fin d in the tax preparation software this account. To revoke a payme | eason for any delay in pro nancial Agent to initiate a for payment of the organ ent. I must contact the U. | n electronic fun nization's federa S. Treasury Fin | turn or refund, and (c) ads withdrawal (direct at taxes owed on this ancial Agent at |
| a) an acknowledgement c ne date of any refund. If a lebit) entry to the financia eturn, and the financial in -888-353-4537 no later th roccessing of the electron ayment. I have selected | of receipt or reason for reject applicable, I authorize the U.S al institution account indicate istitution to debit the entry to an 2 business days prior to the nic payment of taxes to receive | ion of the transmission, (b) the re S. Treasury and its designated Fir d in the tax preparation software this account. To revoke a payme the payment (settlement) date. I a ve confidential information necess ober (PIN) as my signature for the | eason for any delay in pro nancial Agent to initiate a for payment of the orgar ent, I must contact the U. Ilso authorize the financia sarv to answer inquiries a | ocessing the ret in electronic fun nization's federa S. Treasury Fin al institutions in and resolve issu | urn or refund, and (c) ids withdrawal (direct al taxes owed on this ancial Agent at volved in the es related to the |
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| a) an acknowledgement of he date of any refund. If a debit) entry to the financial eturn, and the financial in l-888-353-4537 no later th processing of the electron payment. I have selected organization's consent to Officer's PIN: check one X I authorize RU as my signature is being filed wi enter my PIN or As an officer of indicated within program, I will e Officer's signature ► Part III Certifica ERO's EFIN/PIN. Enter y number (EFIN) followed b | of receipt or reason for reject applicable, I authorize the U.S. al institution account indicate isstitution to debit the entry to an 2 business days prior to this payment of taxes to receive a personal identification num electronic funds withdrawal. BOX only <u>JBINO & COMPANY</u> e on the organization's tax ye th a state agency(ies) regulat in the return's disclosure const the organization, I will enter in this return that a copy of th enter my PIN on the return's atton and Authenticati rour six-digit electronic filing i y your five-digit self-selected umeric entry is my PIN, which ing this return in accordance | ion of the transmission, (b) the re- S. Treasury and its designated Fir d in the tax preparation software the payment (settlement) date. I a ve confidential information necess iber (PIN) as my signature for the ERO firm name ar 2018 electronically filed return- ting charities as part of the IRS Fe sent screen. my PIN as my signature on the or e, return is being filed with a state disclosure consent screen. | eason for any delay in pro- nancial Agent to initiate a for payment of the organ rant, I must contact the U. Iso authorize the financia sary to answer inquiries a organization's electronic . If I have indicated within ed/State program, I also a rganization's tax year 20° agency(ies) regulating cl Date ► Date ► <u>525349999</u> Do not enter all ze | becessing the ret in electronic fun nization's federa S. Treasury Fin al institutions in ind resolve issu return and, if a to enter my in this return that authorize the afe 18 electronically harities as part of 8 - 7 99 105 the organization MeF) Informatio | n indicated above. I n for Authorized IRS |
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Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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



| AF | or the | 2018 calendar year, or tax year beginning OCT 1, 2018 and er | nding S | EP 30, 2019 | | | | | | | | | |
|-------------------------|---|---|-----------------|---------------------------------------|-----------------------------|--|--|--|--|--|--|--|--|
| B c a | heck if oplicable: | C Name of organization | | D Employer identifie | cation number | | | | | | | | |
| | Address CHILDREN'S LAW CENTER, INC. | | | | | | | | | | | | |
| | Name change | Doing business as | | 52-1 | 961588 | | | | | | | | |
| | Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | | | | |
| | Final 501 3RD ST NW, 8TH FLOOR 202-467-4900 | | | | | | | | | | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 12,435,043. | | | | | | | | |
| | Amende return | WASHINGION, DC 20001 | | H(a) Is this a group re | | | | | | | | | |
| | Applica tion pending | F Name and address of principal officer. O OD I III SAMDADOW | | for subordinates | ? Yes 🔀 No | | | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | | | | | |
| | | mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | | list. (see instructions) | | | | | | | | |
| | | www.CHILDRENSLAWCENTER.ORG | 1 | H(c) Group exemption | | | | | | | | | |
| | | organization: X Corporation Trust Association Other Summary | L Year o | of formation: 1996 | State of legal domicile: DC | | | | | | | | |
| FC | | Briefly describe the organization's mission or most significant activities: CHILDI | DENIG | | | | | | | | | | |
| e | 1 E | GIVE EVERY CHILD IN THE DISTRICT OF COLUMB | ATA A | SOLID FOIND | ATTON OF | | | | | | | | |
| Activities & Governance | | Check this box if the organization discontinued its operations or disposed | | | | | | | | | | | |
| veri | | | | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 19 | | | | | | | | |
| Ő | | Number of independent voting members of the governing body (Part VI, line 1a) | | | 19 | | | | | | | | |
| ళ | | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | | 108 | | | | | | | | |
| itie | | Total number of volunteers (estimate if necessary) | | | 600 | | | | | | | | |
| ctiv | 7 a T | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | | | | | | |
| Ă | | Net unrelated business taxable income from Form 990-T, line 38 | | | 0. | | | | | | | | |
| | | | | Prior Year | Current Year | | | | | | | | |
| đ | 8 (| Contributions and grants (Part VIII, line 1h) | | 2,890,164. | 5,417,002. | | | | | | | | |
| 'nué | 9 F | Program service revenue (Part VIII, line 2g) | | 7,139,218. | 5,772,953. | | | | | | | | |
| Revenue | 10 li | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 28,591. | 58,324. | | | | | | | | |
| œ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -28,058. | -33,616. | | | | | | | | |
| | 12 T | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 10,029,915. | 11,214,663. | | | | | | | | |
| | 13 0 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | | |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots | | 7,926,490. | 6,999,310. | | | | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | ····· | 66,750. | 73,890. | | | | | | | | |
| ď | | Total fundraising expenses (Part IX, column (D), line 25) ►627,310 | | 0 400 200 | 0 126 005 | | | | | | | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,402,399. | 2,136,005. | | | | | | | | |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 10,395,639. | 9,209,205. | | | | | | | | |
| <u>ب</u> در | | Revenue less expenses. Subtract line 18 from line 12 | | -365,724. | 2,005,458. | | | | | | | | |
| ts or inces | | | | ginning of Current Year | End of Year 10,102,885. | | | | | | | | |
| Assets Balanc | | Total assets (Part X, line 16) | | 8,337,089. 2,584,768. | 2,396,301 | | | | | | | | |
| let A | | Total liabilities (Part X, line 26) | | 5,752,321. | 7,706,584. | | | | | | | | |
| Pa | | Net assets or fund balances. Subtract line 21 from line 20 | | 5,154,541. | 1,100,304. | | | | | | | | |

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

| Sign Here | Signature of officer JUDITH SANDALOW, EXECUTION Type or print name and title | TIVE DIRECTOR | | Date | |
|--------------|--|------------------------------------|--------|----------------|------------------------|
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN |
| Paid | KAY THIES, CPA | | | self-employed | P01404047 |
| Preparer | Firm's name 🕨 RUBINO & COMPANY | , CHARTERED | | Firm's EIN ▶ 5 | 2-1186096 |
| Use Only | Firm's address 🖕 6903 ROCKLEDGE D | RIVE, SUITE 300 | | | |
| | BETHESDA, MD 208 | 17-1818 | | Phone no. 301- | 564-3636 |
| May the IF | RS discuss this return with the preparer shown abo | ve? (see instructions) | | | X Yes No |
| 832001 12-3 | 1-18 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | | | Form 990 (2018) |
| S | EE SCHEDULE O FOR ORGANIZ | ATION MISSION STATEME | ENT CO | NTINUATIO | N |

| | 990 (2018) CHILDREN'S LAW CENTER, INC. 52-1961588 Page t III Statement of Program Service Accomplishments | ge 2 |
|-------|--|-------------|
| Га | | X |
| 1 | | <u> </u> |
| | Briefly describe the organization's mission: CHILDREN'S LAW CENTER WORKS TO GIVE EVERY CHILD IN THE DISTRICT OF | |
| | COLUMBIA A SOLID FOUNDATION OF FAMILY, HEALTH, AND EDUCATION. WITH | |
| | NEARLY 100 PEOPLE ON STAFF, WE ARE THE LARGEST PROVIDER OF FREE LEGAL | |
| | SERVICES IN THE DISTRICT, AND THE ONLY TO FOCUS ON CHILDREN. WE HELP | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$4,873,630. including grants of \$) (Revenue \$5,085,444 GUARDIAN AD LITEM PROGRAM - CLC'S ATTORNEYS ARE APPOINTED BY JUDGES | •) |
| | WITHIN THE DC SUPERIOR COURT TO BE THE VOICE FOR DC'S ABUSED AND | |
| | NEGLECTED CHILDREN. CLC FIGHTS SO THAT EVERY CHILD THEY MEET IN THE | |
| | CHILD WELFARE SYSTEM HAS A SAFE, LOVING HOME. CLC DOESN'T STOP THERE; | |
| | CLC ALSO ADVOCATES WITH JUDGES, SOCIAL WORKERS, SCHOOLS, AND MEDICAL | |
| | PROFESSIONALS TO MEET EACH CHILD'S PHYSICAL, EMOTIONAL, AND EDUCATIONAL | |
| | NEEDS TO HELP THEM RECOVER FROM TRAUMA AND PUT THEM ON A BRIGHTER PATH. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$1,564,260. including grants of \$) (Revenue \$18,000 | •) |
| | HEALTHY TOGETHER - ALL PARENTS WANT THEIR CHILDREN TO BE HEALTHY. | |
| | SOMETIMES, POOR HEALTH CANNOT BE SOLVED BY MEDICINE ALONE BUT REQUIRES | |
| | LEGAL ADVOCACY TO FIX UNSAFE HOUSING OR SECURE THE APPROPRIATE CARE A | |
| | CHILD NEEDS. CLC PARTNERS WITH CHILDREN'S NATIONAL, MARY'S CENTER AND | |
| | UNITY HEALTH CARE TO PUT CLC'S LAWYERS SIDE-BY-SIDE WITH PEDIATRICIANS | |
| | IN HEALTH CLINICS ACROSS THE DISTRICT - WHERE THEY FIND AND FIX THE | |
| | ROOT CAUSES OF CHILDREN'S POOR HEALTH. CLC ALSO FIGHTS SO CHILDREN CAN GET THE MENTAL HEALTH CARE THEY NEED TO RECOVER FROM TRAUMA. | |
| | GET THE MENTAL HEALTH CARE THET NEED TO RECOVER FROM TRAOMA. | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$745,722. including grants of \$) (Revenue \$356,898 | •) |
| | PRO BONO - ALTHOUGH CHILDREN'S LAW CENTER IS THE LARGEST CIVIL LEGAL | |
| | SERVICES PROVIDER IN DC, MANY MORE CHILDREN COME TO US THAN OUR STAFF | |
| | ATTORNEYS CAN REPRESENT. OUR PRO BONO TEAM PLACES CHILDREN, PARENTS AND |) |
| | CAREGIVERS IN NEED OF LEGAL SERVICES WITH MORE THAN 500 PRO BONO | |
| | ATTORNEYS EVERY YEAR. PRO BONO LAWYERS FIND SUCCESS WITH OUR CASES | |
| | REGARDLESS OF EXPERIENCE BECAUSE OF OUR COMPREHENSIVE INTAKES AND OUR | |
| | COMMITMENT TO HIGH-QUALITY TRAINING AND MENTORING. THE PRO BONO TEAM | |
| | ALSO INCLUDES A TEAM OF LAWYERS WHO HELP CHILDREN CAUGHT IN BITTER | |
| | PARENTAL DISPUTES, SHIELDING THEM FROM CONFLICT AND HELPING FAMILIES | |
| | AGREE ON A PLAN TO SUPPORT THEIR CHILDREN'S WELL-BEING. AND, WHEN | |
| | PARENTS CAN NO LONGER SAFELY CARE FOR THEIR CHILDREN, CLC HELPS | |
| | GRANDPARENTS AND OTHER CARING ADULTS WHO STEP UP TO GIVE THEM A HOME, | |
| 4d | | |
| _ | (Expenses \$ 689,288. including grants of \$) (Revenue \$ 330,611.) Total program service expenses ▶ 7,872,900. | |
| 4e | Total program service expenses ► 7,872,900. | 010 |
| 83200 | SEE SCHEDULE O FOR CONTINUATION(S) | .510) |

| | 990 (2018) CHILDREN'S LAW CENTER, INC. 52-1962 | 588 | Р | age 3 |
|-----------|---|-----------|-----|--------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | х | |
| F | during the tax year? If "Yes," complete Schedule C, Part II | 4 | А | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 5 | | x |
| 6 | similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | | |
| - | Schedule D. Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 77 | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | <u> </u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| a | Was the organization included in consolidated, independent audited financial statements for the tax year? | 10 | | x |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | 1 | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 140 | | - 23 |
| U | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | | X |

| Form | 990 (2018) CHILDREN'S LAW CENTER, INC. 52-1961 t IV Checklist of Required Schedules (continued) | 588 | P | _{age} 4 |
|----------|---|-----|------|------------------|
| I ai | Checklist of Required Schedules (continued) | | Vee | |
| 00 | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 00 | | x |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | х | |
| 04- | Schedule J | 23 | - 12 | |
| 248 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 04- | | x |
| L | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04 | | |
| | any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 0.5 | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 37 |
| | Schedule L, Part I | 25b | | X X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | x |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | ┝─── |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ┝─── |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | L |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17 | - | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

Form 990 (2018)

| 52-1 | 961588 | Page 5 |
|------|--------|--------|
|------|--------|--------|

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves No 2a Enter the number of employees reported on Fram W-3, Transmittal of Wage and Tax Statements, 2 10.8 10.8 5 If a least one is reported on line 2a, diff the organization file all required forder amployment tax returns? 2b X 4a Date organization have urelated baseness gross income of \$1,000 or more during the year? 2a 2a X 4a Date organization have urelated baseness gross income of \$1,000 or more during the year? 2a X 4a At any time during the calendar year, did the organization have an interact in or a signature or other subority over, a financial account? 4a X 5a Tixes: enter the name of the foreign country? 5a X 5a X 5a Tixes: a loss of bd, did the organization have an ita sature transaction at any time during the tay ear? 5a X 5a Tixes: a loss of bd, did the organization have an itage as party to a prohibited tax shale contributions? 5a X 5a Tixes: a loss of bd, did the organization include with every solicitation an express tatement that such contributions or any taxito have annual gross receipts that are normaly greater than \$100,000, and did the organization have th | Form | 990 (2018) CHILDREN'S LAW CENTER, INC. 52-1961 | 588 | Р | age 5 | | | | | |
|---|------|---|-----|-----|--------------|--|--|--|--|--|
| ga Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 108 2a 108 b If at least one is reported on line 2a, did the organization file all explored fideal amployment tax returns? 2b X Note. If the sum of line 2a, did the organization file all explored fideal amployment tax returns? 2a X D The Yas, 'Institution tay enclosed business groups income of 51.000 or more during the value of the support of the support of more during the value of the support of the support of more during the value of the support support of the support of the | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
| test for the calendar year ending with or within the year covered by this return 2a 108 bit at least one is reported on the 2a, did the carganization fie all required federal employment tax returns? 2b 2a 3a Did the carganization have unrequired to <i>c</i> ₁ /lip (see instructions) 2a 3a 3a Did the carganization have unrequired to <i>c</i> ₁ /lip (see instructions) 2a 3a 3b If "Yes," this it flied a Form 190-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3a 3b If "Yes," this it flied a Form 190-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 4a 3c If "Yes," enter the name of the foreign country. If was or is a party to a prohibited tax schedur. 5a 3c If "Yes," enter the name of the foreign country. If was or is a party to a prohibited tax schedur. 5a 3c If "Yes," enter the organization that are normally greater than \$100,000, and did the organization solicit any contributions are party to a prohibited tax schedure that such contributions or gifs were not tax deductible. 5a 3c If "Yes," field the organization that are normally greater than \$100,000, and did the organization solicit any contributions are partern to access of \$75 rade party as a contribution are party for prodix ant such are party of the was required to the payo? 5a 3c If "Yes," indid the organization that was required to access provided? 5a 3c If "Yes," indid the | | | | Yes | No | | | | | |
| b If a least one is monitored on line 2a, did the organization file all required to <i>a</i> - <i>did</i> (we instructions) 3a X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Thes, 'that it filed a form 900-Tror this year? If No' to line 3b, provide an explanation on Schedule O 3a X 3b If 'Yes,' that it filed a form 900-Tror this year? If No' to line 3b, provide an explanation or other studently over, a financial accountly accounts (sector), content during the calendary year, dith organization have annual prose to a part to a prohibited tax whether than asmoot the organization have annual prose monitors at any time during the tax year? 5a X b If 'Yes,' the file 5a or 5b, did the organization the form 8806.7°. 5a X cold any taxable party notify the organization the form 8806.7°. 5a X cold any taxable party notify the organization the form 8806.7°. 5a X cold any taxable party notify the organization the form 8806.7°. 5a X cold any taxable party notify the organization have annual gross monitor that such contributions? 5a X di I'Yes,' tid the organization network advibule as ontifution of quark such that such contributions? 7a X di I'Yes,' tid the organization neave as advibule tax sheller transaction? | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| Note. If the sum of thes 1a and 2a is greater than 250, you may be required to <i>e-sis</i> (see instructions) Image: second sec | | filed for the calendar year ending with or within the year covered by this return 2a 108 | | | | | | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more during the yea? 3a X b If Yes, "Institution for the isyse?" (Yes 16 tinks 30, provide an explanation in Schedule 0 3a X d A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is count is sourced to the organization in Schedule 0 3a X b If Yes, "inter the name of the foreign country; source and the tary time during the tax yea? 5a X b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X d If Yes," ind the organization include with every solicitation an express statement that such contributions or gifts were not tax discutibles calentable contributions? 5a X d If Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax discutibles calentable contributions? 6a X d If Yes," idd the organization include with every solicitation an express tatement that such contributions or gifts were not tax discutibles calentable contributions? 6a X d If Yes," idd the organization notift the down of the value of the good or services provided? 7a X 7a X d If Yes," idd the organization notift the down of the value of the good or services provide? 7a X 7a X <th>b</th> <th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th> <th>2b</th> <th>Х</th> <th></th> | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| b If Yes, 'has it filed a Form 990-T for his year? // 'No' to line 3b, provide an explanation in Schedule 0 3b 4 At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accounts / Celendar Schedule 0 4a b I'''es,' reate the name of the foreign country: Schedule as beak account; scuritles account; or other financial accounts (FBAR). 5a 5a Was the organization have main of the foreign country: Schedule 0. 5a 5a Was the organization ap any to a prohibited tax shelter transaction? 5a 5a Dod any taxable party notify the organization that two or is a party to a prohibited tax shelter transaction? 5a 6a Dod any taxable party notify the organization have every solicitation an express statement that such contributions or gits were not tax deductible as chantable contributions? 5a 7 Organization netwo approximation networks approximation nethome approximation networks approximation networks app | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| 4a At any time during the calendary pair, did the organization have an Interest II, or a signature or other funncial account/9 cever, a funncial account is a foring country (>). 4a X b If "Yes," enter the name of the foreign country. >> See instructions for finiting requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for finiting requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X b Uld any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See X X cli If "ves" to bine Sa or Sb, di dhe organization file Form 88B-17? See X See X X cli If "ves", 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? See X X D Organization active a spiment in excess of 575 made party as a contribution and party for goods and services provided to the party X K X D If "Yes," idicate the number of Forms 8282 filed during the year Zd Zd X D D dth e organization oxity, decode a contribution or ganization file parts any function, directly or indirectly, on parsonal benefit contract? Ye X d If "Yes," indicate the number of Forms 8282 filed during the year? Ye X Zd Ye X | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| 4a At any time during the calendary pair, did the organization have an Interest II, or a signature or other funncial account/9 cever, a funncial account is a foring country (>). 4a X b If "Yes," enter the name of the foreign country. >> See instructions for finiting requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for finiting requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X b Uld any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See X X cli If "ves" to bine Sa or Sb, di dhe organization file Form 88B-17? See X See X X cli If "ves", 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? See X X D Organization active a spiment in excess of 575 made party as a contribution and party for goods and services provided to the party X K X D If "Yes," idicate the number of Forms 8282 filed during the year Zd Zd X D D dth e organization oxity, decode a contribution or ganization file parts any function, directly or indirectly, on parsonal benefit contract? Ye X d If "Yes," indicate the number of Forms 8282 filed during the year? Ye X Zd Ye X | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b. provide an explanation in Schedule O | 3b | | | | | | | |
| b If 'Yes,' enter the name of the foreign country, 'P See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X b If 'Yes' to is possible to a prohibited tax shelter transaction? 5c X cline in the Sar of S, di the organization file form 88857? 5c 5c X cline in the sar of S, di the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible acharable contributions and ere to solicit any contribution stat may crecke deductible contributions and erest to solicit any contribution shat may receive deductible contribution and partly to goods and services provided to the paralitation testew a payment in excess of 57 made parity as a contribution of goods and services provided to the parity of the organization notify the doors of the value of the goods or services provided to the parity of the organization notify the doors core the value of the organization networks any funds, directly or indirectly, on pay premiums on a personal benefit contract? 7c X d If 'Yes, 'indicate the number of Forms 8282 filed during the year? 7a | | | | | | | | | | |
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| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization and file Form 4720, Schedule N. 16 X | a | | | | | | | | | |
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| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X | - | | | | | | | | | |
| excess parachute payment(s) during the year? | | | | | | | | | | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 15 | | x | | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | | | | | | | | |
| | 16 | | 16 | | Х | | | | | |
| | | | | | | | | | | |

Form **990** (2018)

| Form | 990 (2018) CHILDREN'S LAW CENTER, INC. 52-1961 | 588 | Pa | age 6 |
|------|---|---------|--------|--------------|
| Pa | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | No" re | spons | e |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a19 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | <u> </u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>X</u> |
| 6 | Did the organization have members or stockholders? | 6 | | _X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | <u> </u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | 37 |
| _ | persons other than the governing body? | 7b | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | - | v | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | • | | х |
| Sec | organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O | 9 | | Λ |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 103 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | x | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 1 Tu | | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | x | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| | in Schedule O how this was done | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | <u>X</u> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s | only) a | vailab | le |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | rinanci | ai | |
| 00 | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ► | | | |
| | 501 3RD ST, NW, 8TH FLOOR, WASHINGTON, DC 20001 | | | |
| | SAT 202 AT MUL ATT TROOM MADITMOTOM, DC 2000T | | | |

832006 12-31-18

| Form 990 (20 | | 52-1961588 | Page 7 |
|--------------|---|-----------------------------------|-------------|
| Part VII C | Compensation of Officers, Directors, Trustees, Key Employees, Highest Co | ompensated | |
| E | Employees, and Independent Contractors | | |
| C | Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Complete | this table for all persons required to be listed. Report compensation for the calendar year ending | with or within the organization's | s tax year. |
| • List all o | of the organization's current officers, directors, trustees (whether individuals or organizations), rec | pardless of amount of compens | ation. |

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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|---------------------------------|--|--------------------------------|-----------------------|---|--|---------------------|--|--|--|---|
| Name and Title | Average hours per | box | not c , unles | Position not check more than one unless person is both an er and a director/trustee) | | | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | | Highest compensated | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) CREIGHTON MAGID CHAIR | 3.00 | x | | x | | | | 0. | 0. | 0. |
| (2) MELISSA WILEY | 3.00 | | | | | | | | | |
| TREASURER | | x | | x | | | | 0. | 0. | 0. |
| (3) ELIZABETH BAUSCH | 3.00 | | | | | | | | - | |
| SECRETARY | | х | | x | | | | 0. | 0. | 0. |
| (4) ALLISON ALEXANDER | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | Ο. | 0. |
| (5) MEAGAN BARKETT | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) JOHN BENTIVOGLIO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) BRIAN V. BREHENY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) CHIQUITA BROOKS-LASURE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) JILL CAIAZZO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) ANNE P. DAVIS | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) ONA ALSTON DOSUNMU | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) VICKI FOSTER | 1.00 | | | | | | | | • | • |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (13) MANU GAYATRINATH | 1.00 | | | | | | | | 0 | 0 |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (14) WENDY GOLDBERG | 1.00 | | | | | | | 0 | 0 | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (15) STEPHANIE P. HALES | 1.00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR (16) LESLIE KIERNAN | 1.00 | ^ | | | | - | | 0. | 0. | 0. |
| (16) LESLIE KIERNAN DIRECTOR | L.00 | x | | | | | | 0. | 0. | 0. |
| (17) FREDERICK L. KLEIN | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| DIRECTOR | L.00 | x | | | | | | 0. | 0. | 0. |
| DIVICION | 1 | Δ | | I | | 1 | | 0. | 0. | . 000 |

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Form 990 (2018)

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|--|---|---|--------|---------------|---------------|--------|-------|------------|------------------------------------|-------------------|--------|---|------------------------------|
| Name and stile Average week (Bit arr) week (Bit arr) hours for related backforms at the bound of compensation provide and atackforms at the provide and atackforms at the organization (W2/1009-MISC) Reportable regarization (W2/1009-MISC) Estimated compensation from relation (W2/1009-MISC) Estimated compensation from relation (W2/1009-MISC) Estimated compensation from relation and related organizations (18) MIXEL LABGON 1.000 X 0. 0. 0. 0. (13) CLAIRE K, MADDOX 1.000 X 0. 0. 0. 0. (13) CLAIRE K, MADDOX 1.000 X 0. 0. 0. 0. (12) DANIEL A. MASUR 1.000 X 0. 0. 0. 0. (13) FARM MILLER 1.000 X 0. 0. 0. 0. (14) TBROORDE D. BRACK 1.000 X 0. 0. 0. 0. (12) TANDEL R. DARGORD 1.000 X 0. 0. 0. 0. DIRECTOR 1.000 X 0. 0. 0. 0. DIRECTOR 1.000 X 0. | Part VII Section A. Officers, Directors, Trus | tees, Key Emp | ploy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| Week (Bit are) Week (Bit are) Or and a teach-tower (Bit are) Toom (W2/1099-MISC) Conter- organization (W2/1099-MISC) Other organization (W2/1099-MISC) Other organization (W2/1099-MISC) Other organization and related organization (18) MIXE LABSON 1.00 X 0. 0. 0. 0. DIRACTOR 0.0 X 0. 0. 0. 0. C(2) DANTE A, MADDOX 1.000 X 0. 0. 0. 0. DIRACTOR 0.0 X 0. 0. 0. 0. 0. DIRACTOR 0.0 X 0. | | | not ch | Pos neck i | ition more | than o | | Reportable | Reportable | | Estima | | |
| (1a) MEXE LASSON 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | (list any hours for related organizations below | | | | | | | the organization | organizations | 1 | compens from t organiza and rela | ation he ation ated |
| (13) CLARRE N. MADDOX 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | (18) MIKE LABSON | , | | <u> </u> | Ó | ¥ | Ξ | Æ | 0 | 0 | | | 0 |
| DIRECTOR X 0. 0. 0. 0. (20) DANIEL A, MASUR 1.000 X 0. 0. 0. 0. (21) DENTEL A, MASUR 1.000 X 0. 0. 0. 0. 0. (21) EVAN NILLER 1.000 X 0. | | 1 00 | Δ | | | | | | 0. | 0 | • | | <u> </u> |
| (20) DAVIEL A. MASUR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | 1.00 | x | | | | | | 0. | 0 | | | 0. |
| DIRECTOR X 0. 0. 0. 0. (21) EVAN NILLER 1.00 X 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. (23) MINUTER F. RODRIGUEZ 1.00 X 0. 0. 0. (23) SINONE ROSS 1.00 X 0. 0. 0. (24) THEODER D. SEGAL 1.00 X 0. 0. 0. DIRECTOR 0. 0. 0. 0. (25) JOINE L. 21X0LAK 1.00 X 0. 0. 0. (26) JULTEN SANDALOW 40.00 X 0. 0. 0. (26) JULTEN SANDALOW 40.00 X 1. 184,524. 0. 16,937. 1b Sub-total 0. 0. 0. 0. (26) JULTEN SANDALOW 40.00 X 1. 184,524. 0. 16,937. 1b Sub-total 0. 0. 0. 0. (27) Total number of individual finducing but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related organization grater than \$100,000 // Yrsg. Complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization grater than \$100,000 // Yrsg. Complete Schedule J for such individual for services 5 // X 1. 100 // X 1. | | 1.00 | | | | | | | | | - | | |
| (21) EVAN MILLER 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | DIRECTOR | | x | | | | | | 0. | 0 | | | 0. |
| DIRBETOR X 0. 0. 0. 0. 0. (22) MIGUEL E, RODRIGUEZ 1.00 X 0. 0. 0. 0. 0. (23) MIGUEL E, RODRIGUEZ 1.00 X 0. | | 1.00 | | | | | | | | | - | | |
| (12) MIOUEL E. RODRIGUEZ 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| DIFRECTOR X 0 0 0 0 (23) SIMONE ROSS 1.00 X 0 0 0 0 DIRECTOR 0 0 0 0 0 0 0 DIRECTOR 0 0 0 0 0 0 0 0 DIRECTOR 1.00 X 0< | (22) MIGUEL E. RODRIGUEZ | 1.00 | | | | | | | | | | | |
| (23) SHONE ROSS 1.00 X 0.0.0.0. DIRECTOR 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | DIRECTOR | | х | | | | | | 0. | 0 | | | 0. |
| (24) THEODORE D. SEGAL 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | (23) SIMONE ROSS | 1.00 | | | | | | | | | | | |
| DIRECTOR X 0. 0. 0. 0. (25) JOANNE L. ZIMUZAK 1.00 X 0. 0. 0. 0. (26) JUDITH SANDALOW 40.00 X 184,524. 0. 16,937. (26) JUDITH SANDALOW 40.00 X 184,524. 0. 16,937. (26) JUDITH SANDALOW 184,524. 0. 16,937. 645,735. 0. 71,391. (27) Total from continuation sheets to Part VII, Section A 184,524. 0. 88,328. 0. 88,328. (2) Total from continuation sheets to Part VII, Section A 830,259. 0. 88,328. 0. 16,937. (3) Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X (4) K For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors Individual Jore suc | DIRECTOR | | х | | | | | | 0. | 0 | • | | 0. |
| (25) JOANNE L. ZIMOLZAK 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | (24) THEODORE D. SEGAL | 1.00 | | | | | | | | | | | |
| DIRECTOR X 0. 0. 0. 0. (26) JUDITH SANDALOW 40.00 X 184,524. 0. 16,937. C Total from continuation sheets to Part VII, Section A 184,524. 0. 16,937. c Total form continuation sheets to Part VII, Section A 645,735. 0. 71,391. d Total (add lines th and tc) 88,328. 2 30,259. 0. 88,328. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization and related organization individual 4 X 4 For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from many unrelated organization or individual for services 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the orga | DIRECTOR | | Х | | | | | | 0. | 0 | • | | 0. |
| (26) JUDITH SANDALOW 40.00 X 184,524. 0. 16,937. 1b Sub-total Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation sheets to Part VII, Section A Image: Sub-total from continuation from from from from from from from from | (25) JOANNE L. ZIMOLZAK | 1.00 | | | | | | | | | | | |
| EXECUTIVE DIRECTOR X 184,524. 0. 16,937. 1b Sub-total ► 184,524. 0. 16,937. c Total from continuation sheets to Part VII, Section A ► 645,735. 0. 71,391. d Total (add lines th and 1c) ► 830,259. 0. 88,328. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 2 Ection B. Independent Contractors (A) (B) (C) Nome and business address NONE Description of services Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation (C) (C) | DIRECTOR | | Х | | | | | | 0. | 0 | • | | 0. |
| 1b Sub-total 184,524. 0. 16,937. c Total from continuation sheets to Part VII, Section A 830,259. 0. 71,391. d Total (add lines 1b and 1c) 830,259. 0. 88,328. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 X 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors Independent contractors Image: Compensation for the organization if from the organization if from the organization for the calendar year ending with or within the organization's tax year. C 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the o | (26) JUDITH SANDALOW | 40.00 | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A 645, 735. 0, 71, 391. 830, 259. 0, 88, 328. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 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 individual 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation | EXECUTIVE DIRECTOR | | | | Х | | | | | | _ | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | | _ | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization f | c Total from continuation sheets to Part VI | , Section A | | | | | | | | | _ | | |
| compensation from the organization 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest address NONE Description of services Compensation (A) (B) (C) Compensation Compensation Compensation 1 Contractors Independent contractors (including but not limited to those listed above) who received more than C) 2 Total number of independent contractors (including but not limited to those listed above) who received more than Independent taddress | | | | | | | | | | | • | 88,3 | 328. |
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| 1 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | п | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 | c i | - | | | | • | • | | • | | | | |
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| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 1 One of the person of services Compensation Compensation (A) (B) (C) Compensation 1 Name and business address NONE Description of services Compensation 1 Contractors (including but not limited to those listed above) who received more than 1 Image: Contractor of the pendent contractors (including but not limited to those listed above) who received more than | - | - | | - | | | | | | - | | | |
| rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete the complete to the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization's tax year. Image: Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization's tax year. Image: Complete the | | , | | ' | | | | | | | · F | 4 X | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 0 CO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td></td> <td>_</td> <td>v</td> | | | | | | | | | | | | _ | v |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation (B) (C) Compensation Compensation Compensation (B) (C) (C) Compensation Compensation (B) (C) (C) (C) (C) (C) (C) (C) (C) | | plete Schedule | e J fo | or su | ich r | oers | on . | | | | . | 5 | _ A |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation | | mooncotod ind | lana | ndor | + oc | ntra | ooto | o th | at reacived more than [¢] | 100 000 of compos | ooti | on from | |
| (A) Name and business address (B) Description of services (C) Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensat | | | | | | | | | | | Isati | on ironi | |
| Name and business address NONE Description of services Compensation | | ine calendar ye | ai e | nuin | y w | | | | | | | (C) | |
| Total number of independent contractors (including but not limited to those listed above) who received more than | | address | NC | ONE | 2 | | | | | ervices | Сс | | on |
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| | | • | ot lin | nited | l to f | _ | - | ted | above) who received mo | ore than | | | |

| Form 990 CHILDREN | 'S LAW C | EN | ITE | R, | I | NC | • | | 52-196 | 1588 |
|---|--|--------------------------------|-----------------------|---------|---------------|--------------------------------|--------|--|--|--|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, ai | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (0 | C) | | | (D) | (F) | |
| Name and title | Average hours per | (c | heck I | | ition that | | ly) | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest com pensated em ployee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (27) WENDY A. PHIPPS | 40.00 | | | | | | | 100 110 | | |
| CHIEF OPERATING OFFICER | 40.00 | | | X | | | | 129,440. | 0. | 5,240 |
| (28) BRIAN D. SHOOK | 40.00 | | | | 37 | | | 1 - 4 - 2 1 - 7 | 0 | 22 261 |
| DEVELOPMENT DIRECTOR (29) SHARRA GREER | 40.00 | | | | X | | | 154,317. | 0. | 22,361 |
| POLICY DIRECTOR | | | | | | x | | 121,939. | 0. | 18,235 |
| (30) CHRISTINE M. SMITH | 40.00 | | | | | | | | | |
| LEGAL DIRECTOR | | | | | | х | | 129,620. | 0. | 8,180. |
| (31) JENNIFER MORRIS PROGRAM DIRECTOR | 40.00 | | | | | x | | 110,419. | 0. | 17,375. |
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| Fotal to Part VII, Section A, line 1c | | | | | | | | 645,735. | | 71,391 |

| Form 990 (2018) CHILDREN'S LAW CENTER | | | | , INC. 52-19615 | | | 588 Page 9 | | |
|---|------|--|---|-----------------|---------------------|----------------------|--|---|--|
| | rt V | | | | - | | | | |
| | | | Check if Schedule O cont | ains a response | or note to any line | e in this Part VIII | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 | а | Federated campaigns | 1a | 37,904. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | - | | Membership dues | | | | | | |
| ي ق | | | Fundraising events | | 1,265,426. | | | | |
| fts, r A | | | Related organizations | | | | | | |
| , Gi | | e Government grants (contributions) 1e | | | | | | | |
| Sins | | | All other contributions, gifts, gran | | | | | | |
| utio | | • | similar amounts not included abor | | 4,113,672. | | | | |
| trib Otl | | ~ | Noncash contributions included in lines | | | | | | |
|)on | | - | Total. Add lines 1a-1f | | | 5,417,002. | | | |
| 0 0 | | | Total. Add lines 1a-11 | | Business Code | •,-=+,••==• | | | |
| | • | _ | DC COURT CONTRACT | | 541100 | 5,772,953. | 5,772,953. | | |
| rice | 2 | | | | 541100 | 5,112,555. | 5,112,555. | | |
| erv ue | | b | | | | | | | |
| n S /en | | C | | | | | | | |
| jrar Re∖ | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| а. | | | All other program service reve | | | F 770 0F2 | | | |
| | | g | Total. Add lines 2a-2f | | | 5,772,953. | | | |
| | 3 | | Investment income (including | | | 47 570 | | | 47 570 |
| | _ | | other similar amounts) | | | 47,572. | | | 47,572. |
| | 4 | | Income from investment of tax | | F | | | | |
| | 5 | | Royalties | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | | | Gross rents | | | | | | |
| | | | Less: rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | | d | Net rental income or (loss) | ····· | 🕨 | | | | |
| | 7 | а | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory | 1,157,546. | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| | | | and sales expenses | 1,146,794. | | | | | |
| | | С | Gain or (loss) | 10,752. | | | | | |
| | | d | Net gain or (loss) | | ····· • | 10,752. | | | 10,752. |
| e | 8 | а | Gross income from fundraising | 0 | | | | | |
| nue | | | including \$ 1,265 | ,426. of | | | | | |
| leve | | | contributions reported on line | , | | | | | |
| ъF | | | Part IV, line 18 | | | | | | |
| Other Revenue | | | Less: direct expenses | | 73,586. | | | | |
| 0 | | С | Net income or (loss) from func | raising events | ····· ► | -51,616. | | | -51,616. |
| | 9 | а | Gross income from gaming ac | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | b | Less: direct expenses | b | | | | | |
| | | | Net income or (loss) from gam | | 🕨 | | | | |
| | 10 | а | Gross sales of inventory, less | returns | | | | | |
| | | | and allowances | | | | | | |
| | | b | Less: cost of goods sold | b | | | | | |
| | | с | Net income or (loss) from sale | s of inventory | > | | | | |
| | | | Miscellaneous Revenu | e | Business Code | | | | |
| | 11 | а | MISCELLANEOUS REVENUE | | 900099 | 18,000. | 18,000. | | |
| | | b | | | | | | | |
| | | с | | | | | | | |
| | | | All other revenue | | | | | | |
| | | | Total. Add lines 11a-11d | | ► | 18,000. | | | |
| | 12 | | Total revenue. See instructions | | | 11,214,663. | 5,790,953. | 0. | 6,708. |

"PUBLIC INSPECTION" CHILDREN'S LAW CENTER, INC. 52-1961588 Page 10 Form 990 (2018) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 510,968. 246,981. 114,392. 149,595. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 219,966. Other salaries and wages 4,983,687. 4,614,845. 148,876. 7 8 Pension plan accruals and contributions (include 158,390. 136,172. 18,153. 4,065. section 401(k) and 403(b) employer contributions) <u>918,1</u>44. <u>57,17</u>6. 819,725. 41,243. Other employee benefits 9 428,121. 382,603. 24,270. 21,248. 10 Payroll taxes 11 Fees for services (non-employees): а Management b Legal 4,002. 37,959. 32,093. 1,864. Accounting С Lobbying d 73,890. 73,890. Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, α 141,518. 37,094. 31,406. 73,018. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 177,014. 127,323. 41,521. 8,170. 13 Office expenses 167,821. 127,261. 28,303. 12,257. 14 Information technology Royalties 15 818,471. 52,876. 920,122. 48,775. 16 Occupancy 107,955. 105,623. 1,238. 1,094. 17 Travel Payments of travel or entertainment expenses 18

for any federal, state, or local public officials 9,021. 1,526. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 293,214. 266,109. Depreciation, depletion, and amortization 22 46,853. 44,976. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 59,460. 56,692. DUES & MEMBERSHIPS а BAD DEBT EXPENSES 55,113. h 41,309. 41,309. LITIGATION EXPENSE С 20,081. 12,003. d RECRUITING & TRAINING 58,565. 2.094. e All other expenses 9,209,205. 7,872,900. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

832010 12-31-18

Check here if following SOP 98-2 (ASC 958-720)

7,359.

13,728.

1,027.

6,937.

13,217.

627,310.

947.

136.

930.

13,377.

1,741.

1,141.

43,254.

708,995.

55,113.

CHILDREN'S LAW CENTER, INC.

| Par | t X | Balance Sheet | | | |
|-----------------------------|-----|---|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 2,170,886. | 1 | 3,058,705. |
| | 2 | Savings and temporary cash investments | 1,962,022. | 2 | 1,989,010. |
| | 3 | Pledges and grants receivable, net | 864,205. | 3 | 1,044,013. |
| | 4 | Accounts receivable, net | 594,933. | 4 | 1,574,671 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ß | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| × | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 202,589. | 9 | 195,925. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 2,718,973. | | | |
| | b | Less: accumulated depreciation 10b 1,102,735. | 1,909,453. | 10c | 1,616,238. |
| | 11 | Investments - publicly traded securities | 531,927. | 11 | 536,195. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 101,074. | 15 | 88,128. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 8,337,089. | 16 | 10,102,885. |
| | 17 | Accounts payable and accrued expenses | 323,309. | 17 | 359,746. |
| | 18 | Grants payable | 111 050 | 18 | |
| | 19 | Deferred revenue | 111,250. | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | | |
| Liak | ~~ | Complete Part II of Schedule L | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,150,209. | 25 | 2,036,555. |
| | 26 | Schedule D Total liabilities. Add lines 17 through 25 | 2,584,768. | 25 | 2,396,301. |
| | 20 | Organizations that follow SFAS 117 (ASC 958), check here ► X and | 2,301,,001 | 20 | 2,550,501 |
| | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ces | 27 | Unrestricted net assets | 4,853,025. | 27 | 5,601,414. |
| lan | 28 | Temporarily restricted net assets | 899,296. | 28 | 2,105,170. |
| Ba | 29 | Permanently restricted net assets | , | 29 | |
| n | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| Ē | | and complete lines 30 through 34. | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ΪŻ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Se | 33 | Total net assets or fund balances | 5,752,321. | 33 | 7,706,584. |
| | 34 | Total liabilities and net assets/fund balances | 8,337,089. | 34 | 10,102,885. |
| | | | | | Form 990 (2018 |

Form 990 (2018)

| Form | 990 (2018) CHILDREN'S LAW CENTER, INC. | 52- | -1961588 | Pag | _{ae} 12 |
|------|---|----------|-----------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,214 | ,66 | 53. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,209 | , 20 | 05. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,005 | , 45 | 58. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,752 | , 32 | 21. |
| 5 | Net unrealized gains (losses) on investments | 5 | -20 | ,08 | 36. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -31 | ,10 |)9. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 7,706 | , 58 | 34. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Auc | lit | | |
| | Act and OMB Circular A-133? | | <u>3a</u> | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud | it 🛛 | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2018)

OMB No. 1545-0047

| SCHEDULE A |
|----------------------|
| (Form 990 or 990-EZ) |

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ► Go

| to | www.irs. | .gov/Form99 | 0 fo | r instructions | and the | e latest | information. |
|----|----------|-------------|------|----------------|---------|----------|--------------|
|----|----------|-------------|------|----------------|---------|----------|--------------|

| 2018 | |
|------------------------------|--|
| Open to Public Inspection | |

Name of the organization

| Nam | Name of the organization Employer identification number | | | | | | | | |
|-------|---|--|-------------------------|---|-------------------------------------|----------------------------------|---|--------------|----------------------------|
| | | CHIL | DREN'S LAW | CENTER, INC | • | | | | 2-1961588 |
| Pa | tΙ | Reason for Public (| Charity Status (/ | All organizations must co | omplete th | is part.) Se | e instructions | 8. | |
| The o | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 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 | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | Х | An organization that norma | lly receives a substa | ntial part of its support fi | om a gove | ernmental | unit or from th | ne general p | public described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or |
| | | university: | | | | | | | |
| 10 | | An organization that norma | | | | | | | |
| | | activities related to its exem | | | | | | | - |
| | | income and unrelated busir | | (less section 511 tax) fro | m busines | ses acquii | red by the org | anization a | fter June 30, 1975. |
| | | See section 509(a)(2). (Cor | • • | | | | | | |
| 11 | | An organization organized a | • | | • | | | | _ |
| 12 | | An organization organized a | • | | • | | - | • | • |
| | | more publicly supported or | - | | | | | | check the box in |
| - | | lines 12a through 12d that | • • | | | | | - | -i. i.e |
| а | | Type I. A supporting orga | - | | • • • • | - | | | |
| | | the supported organization | | | majority c | of the direc | tors or truste | es of the sl | ipporting |
| | | organization. You must o | - | | | | el eveneration | n (n) huuhau | |
| b | | Type II. A supporting org | - | | | | • | | - |
| | | control or management o | | | ame perso | ns that coi | ntroi or manag | ye the supp | Joned |
| • | | organization(s). You mus Type III functionally inte | | | in connoct | tion with a | and functional | ly intograte | d with |
| С | | its supported organization | | | | | | ly integrate | o with, |
| d | | Type III non-functionally | . , . | • | - | | - | ted organiz | ration(s) |
| u | L | that is not functionally int | | | | | | - | |
| | | requirement (see instructi | | | • | | - | anattentit | |
| е | | Check this box if the orga | | | | | | II Type III | |
| • | | functionally integrated, or | | | | | , | n, rype n | |
| f | Ente | er the number of supported of | | | .g o.gu | | | | |
| | | vide the following information | • | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed na document? | (v) Amount of | fmonetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S LAW CENTER, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 **(a)** 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3661400. 3496583. 2890164. 5417002.18324410. include any "unusual grants.") 2859261 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 2890164. 5417002.18324410. 2859261. 3661400. 3496583. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 18324410. 6 Public support. Subtract line 5 from line 4. Section B. Total Support

| Calendar year (or fiscal year beginning in) 🕨 | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|--|-----------------------|----------------------------|--------------------------|---------------------|---------------------|---------------|
| 7 | Amounts from line 4 | 2859261. | 3661400. | 3496583. | 2890164. | 5417002. | 18324410. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 6,219. | 17,381. | 19,274. | 30,846. | 47,572. | 121,292. |
| 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.) | 59,214. | 75,725. | | 136,305. | 18,000. | 289,244. |
| 11 | | | | | | | 18734946. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ins) | | | 12 31 | ,780,071. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectior | 501(c)(3) | |
| | organization, check this box and stop | here | | | - | | |
| See | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2018 (li | ine 6, column (f) di | vided by line 11, co | olumn (f)) | | 14 | 97.81 % |
| 15 | Public support percentage from 2017 | Schedule A, Part | II, line 14 | | | 15 | 99.38 % |
| | 33 1/3% support test - 2018. If the c | | | | | | x and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | ►X |
| b | 33 1/3% support test - 2017. If the c | organization did no | t check a box on li | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | is box |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | tion | | | |
| 17a | 10% -facts-and-circumstances test | - 2018. If the org | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the "fac | ts-and-circumstand | ces" test, check th | is box and stop h | ere. Explain in Pa | t VI how the orgar | nization |
| | meets the "facts-and-circumstances" | test. The organizat | ion qualifies as a p | bublicly supported | organization | | |
| b | 10% -facts-and-circumstances test | - 2017. If the org | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets th | ne "facts-and-circur | nstances" test, ch | eck this box and | stop here. Explain | in Part VI how the | e |
| | organization meets the "facts-and-circ | umstances" test. 7 | The organization q | ualifies as a public | ly supported orgar | nization | |
| 18 | Private foundation. If the organizatio | n did not check a l | <u>oox on line 13, 16a</u> | a, 16b, 17a, or 17b | , check this box a | nd see instructions | s > |
| _ | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S LAW CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

52-1961588 Page 3

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

| Sec | ction A. Public Support | | | | | | |
|-------|--|--------------------------|-----------------------|-----------------------|---------------------|-----------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | 3 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | _ | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | 1 | | 1 | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| h | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | | | |
| 2 | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | • | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | 3 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) org | janization, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Public | c Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2018 (li | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2017 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | 18 (line 10c, colu | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2018. If the | - | | | | | ine 17 is not |
| | more than 33 1/3%, check this box an | | | | | | ▶∟ |
| b | 33 1/3% support tests - 2017. If the | • | | | | | · |
| _ | line 18 is not more than 33 1/3%, chec | | | | | | tion |
| 20 | Private foundation. If the organizatio | <u>n did not check a</u> | box on line 14, 19 | a, or 19b, check tl | | | ····· |
| 83202 | 23 10-11-18 | | | | Sch | edule A (Forn | n 990 or 990-EZ) 2018 |

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S LAW CENTER, INC.

Part IV Supporting Organizations

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

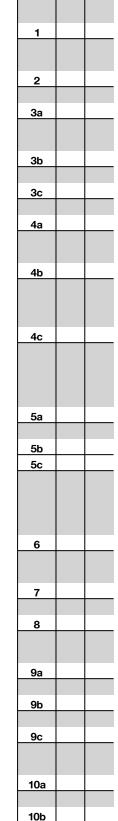
Section A. All Supporting Organizations

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

832024 10-11-18

Yes

No



| Sche | dule A (Form 990 or 990 EZ) 2018 CHILDREN'S LAW CENTER, INC. 52-19 | 6158 | 8 Pa | age 5 |
|--------|---|-----------|------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | 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 | | |
| | A family member of a person described in (a) above? | 11b | | |
| | 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. tion B. Type I Supporting Organizations | 11c | | |
| 360 | tion B. Type I Supporting Organizations | | Vac | Na |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | Yes | No |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 0 | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| - | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions |). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| h | that these activities constituted substantially all of its activities. | 2a | | |
| D | 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 | 2b | | |
| 3 | activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. | 20 | | |
| з а | | | | |
| u | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

"PUBLIC INSPECTION"

Schedule A (Form 990 or 990-EZ) 2018

52-1961588 Page 6

Schedule A (Form 990 or 990 EZ) 2018 CHILDREN'S LAW CENTER, INC. 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.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|----|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| | | | | |

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

Schedule A (Form 990 or 990-EZ) 2018

| Sche Par | dule A (Form 990 or 990-EZ) 2018 CHILDREN'S LA | W CENTER, INC . (a)(3) Supporting Orga | | 2-1961588 Page 7 |
|-------------|--|---|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| _1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| C | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

| Schedule A | (Form 990 or 990-EZ) 2018 | CHILDR | EN'S | LAW | CENTER, | INC. | 52-1961588 _{Pag} | e 8 |
|------------|--|--|--|-----------------------------------|---|---|--|-----|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, | mation. Pro , 2, 3b, 3c, 4b lines 2 and 3; | ovide the , 4c, 5a, 6 Part IV, S | explana 3, 9a, 9b Section E | tions required b , 9c, 11a, 11b, E, lines 1c, 2a, 2 | by Part II, line 10; and 11c; Part IV, 2b, 3a, and 3b; Pa | Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information. | |
| | (See Instructions.) | | | | | | | |
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Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

SCHEDULE C

(Form 990 or 990-EZ)

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

| Section | n 501(c | ;)(4), (5), o | r (6) organizatio | ons: Complete Part II | Ι. |
|-----------------------------|---------|---------------|-------------------|-----------------------|----|
| | | | | | |

| Nan | ne of orga | nization | | | | Emplo | oyer identification number | |
|--------|---|--|---|-------------------|---|------------|---|--|
| | | | 52-1961588 | | | | | |
| Pa | art I-A | Complete if the org | N'S LAW CENTER, IN anization is exempt under | section 501(c) or | r is a section 52 | 7 org | anization. | |
| 2 3 | Political Voluntee | campaign activity expendit r hours for political campai | gn activities | | | | | |
| Pa | art I-B | Complete if the org | anization is exempt under | | | | | |
| 1 | | , | incurred by the organization under | section 4955 | | . ►\$. | | |
| 2 | | | incurred by organization managers | | | | | |
| 3 | | | n 4955 tax, did it file Form 4720 for | | | | | |
| | | | | | | | Yes No | |
| | olf "Yes," | describe in Part IV. | anization is exempt under | anotion E01/a) a | waant aaatian E | 01/-) | (0) | |
| | | | | | - | | | |
| 1 | | • • | by the filing organization for section | - | | ▶\$. | | |
| 2 | | 00 | ization's funds contributed to othe | 0 | | | | |
| | | | | | | ▶\$. | | |
| 3 | | • | . Add lines 1 and 2. Enter here and | | | . . | | |
| | | | | | | | | |
| 4 | | | 1120-POL for this year? | | | | Yes No | |
| 5 | | • | ployer identification number (EIN) | • | • | | | |
| | | • • | tion listed, enter the amount paid fr | | | | - | |
| | contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | | |
| | political | · · · · · · · · · · · · · · · · · · · | , , | | | | | |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid f filing organizatio funds. If none, ente | n's | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | |
| | | | | | | | | |

OMB No. 1545-0047

2018

Open to Public

Inspection

| Schedule C (Form 990 or 990-EZ) 2018 | CHILDI | REN'S 1 | LAW CENTER, | INC. | 52-1 | 961588 Page 2 |
|--|---------------|--------------------------|--|-------------------------|---|--------------------------------|
| Part II-A Complete if the org section 501(h)). | anizatio | n is exen | npt under section | 501(c)(3) and file | ed Form 5768 (ele | ction under |
| | | | | Part IV each affiliated | group member's name | e, address, EIN, |
| | | , , | d "limited control" pro | visions apply. | | |
| Limi | | oying Exper eans amou | nditures nts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | Jence publ | ic opinion (a | irass roots lobbving) | | 1,095. | |
| b Total lobbying expenditures to influ | • | | | | 9,770. | |
| c Total lobbying expenditures (add li | | | | | 10,865. | |
| d Other exempt purpose expenditure | | | | | 9,274,832. | |
| e Total exempt purpose expenditure | | | | | 9,285,697. | |
| f Lobbying nontaxable amount. Ente | er the amou | unt from the | | | 614,285. | |
| If the amount on line 1e, column (a) o | or (b) is: | The lob | bying nontaxable amo | ount is: | | |
| Not over \$500,000 | | 20% of t | he amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 | \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | 000,000 | \$225,00 | 0 plus 5% of the exces | s over \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | |
| g Grassroots nontaxable amount (en | iter 25% of | line 1f) | | | 153,571. | |
| h Subtract line 1g from line 1a. If zer | o or less, e | nter -0 | | | 0. | |
| i Subtract line 1f from line 1c. If zero | o or less, er | nter -0 | | | 0. | |
| j If there is an amount other than ze | | r line 1h or l | ine 1i, did the organiza | tion file Form 4720 | F | |
| reporting section 4911 tax for this | | | | | | Yes No |
| (Some organizations t | hat made a | a section 50 | raging Period Under 01(h) election do not h ate instructions for lin | nave to complete all o | of the five columns be | low. |
| | Lobb | oying Exper | ditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2 | 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | 544 | 4,668. | 567,006. | 671,437. | 614,285. | 2,397,396. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 3,596,094. |
| c Total lobbying expenditures | 14 | 4,290. | 13,407. | 44,318. | 10,865. | 82,880. |
| d Grassroots nontaxable amount | 14: | 3,038. | 141,752. | 167,859. | 153,571. | 606,220. |
| e Grassroots ceiling amount | | , | | | | , |
| (150% of line 2d, column (e)) | | | | | | 909,330. |
| f Grassroots lobbying expenditures | | | | 1,332. | 1,095. | 2,427. |

1,095. 2,427. Schedule C (Form 990 or 990-EZ) 2018

52-1961588 Page 3

Schedule C (Form 990 or 990-EZ) 2018 CHILDREN'S LAW CENTER, INC. 52-19615 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (b) | |
|--------|---|----------------------|----------|-------------|-------|
| of the | e lobbying activity. | Yes | No | Amo | ount |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | _ | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | n 501(c)(5), | or sec | | Na |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till \mathbf{P} Complete if the organization is example under specific $\mathbf{FO1}(\mathbf{A})$ as the second seco | | 3 | tion | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) BOTH Part III A lines 1 and 2 are ensured. | | | | 2 in |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes." | 'NO," OR (D |) Part | 111-A, 1116 | 3, 18 |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| | Total | | 2c | | |
| 3 | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Par | | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A, li | ines 1 a | nd 2 (see | |

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

| | | "PUE | BLIC INSPECTION" | | | | |
|--------|--|--|---|------------|-----------|-----------------------|------------|
| SC | HEDULE D | Supplementa | al Financial Statements | | ⊢ | OMB No. 154 | 45-0047 |
| (Forr | n 990) | Complete if the orga Part IV, line 6, 7, 8, 9, 10 | anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | 20 | <u>IX</u> |
| | ment of the Treasury I Revenue Service | | Attach to Form 990. 90 for instructions and the latest informatio | n. | | Open to Inspection | |
| | e of the organizati | | | | ployer ic | dentificatior | number |
| _ | | CHILDREN'S LAW CENT | | _ | | -19615 | |
| Pa | | - | d Funds or Other Similar Funds or <i>i</i> | Accour | its. Co | omplete if th | е |
| | organizatio | on answered "Yes" on Form 990, Part IV, line | | (12) [| | | -+- |
| | T | | (a) Donor advised funds | (D) Fur | los ano (| other accour | nts |
| 1 | | nd of year | | | | | |
| 2 3 | | of contributions to (during year) | | | | | |
| 3 4 | | at end of year | | | | | |
| 5 | | | writing that the assets held in donor advised fu | inds | | | |
| • | - | | exclusive legal control? | | Г | Yes | |
| 6 | | | dvisors in writing that grant funds can be used | | | | |
| | | | r donor advisor, or for any other purpose conf | | | | |
| | | | | | [| Yes | No |
| Pa | rt II Conserv | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part | IV, line 7 | | | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | | | | |
| | Preservation | n of land for public use (e.g., recreation or e | ducation) | ally impor | tant land | d area | |
| | Protection of | of natural habitat | Preservation of a certified | historic | structure | Э | |
| | Preservation | n of open space | | | | | |
| 2 | • | • • | ied conservation contribution in the form of a | conserva | tion eas | ement on th | e last |
| | day of the tax yea | | | | Held at | the End of the | e Tax Year |
| а | | | | | <u> </u> | | |
| b | | | | | | | |
| c | | | ucture included in (a) | <u>2c</u> | <u> </u> | | |
| d | | | after 7/25/06, and not on a historic structure | | | | |
| ~ | | | | | | h a 4au | |
| 3 | | vation easements modified, transferred, rele | eased, extinguished, or terminated by the orga | anization | during t | ne tax | |
| 4 | year | where property subject to conservation eas | compation located | | | | |
| 5 | | ation have a written policy regarding the peri | | | | | |
| Ŭ | • | forcement of the conservation easements it | | | Г | Yes | |
| 6 | , | | handling of violations, and enforcing conserva | | | | |
| - | • | | | | | | |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation | easemen | ts during | g the year | |
| | ▶\$ | | | | | | |
| 8 | Does each conser | vation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4) | (B)(i) | | | |
| | and section 170(h |)(4)(B)(ii)? | | | [| Yes | No |
| 9 | In Part XIII, descri | be how the organization reports conservation | on easements in its revenue and expense state | ement, ar | nd balan | ce sheet, an | d |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for | | | | | | |
| | conservation ease | | | <u></u> | | | |
| Pai | | - | Art, Historical Treasures, or Other | Simila | r Asse | etS. | |
| | | if the organization answered "Yes" on Form | | | | | |
| 1a | | | C 958), not to report in its revenue statement | | | | |
| | | · · · | hibition, education, or research in furtherance | ot public | service, | provide, in F | art XIII, |
| | | thote to its financial statements that describ | | I - | | | |
| b | - | | C 958), to report in its revenue statement and | | | | |
| | treasures, or other relating to these it | | ducation, or research in furtherance of public s | ervice, p | rovide th | tollowing | amounts |
| | TERMODIO TO TOESE IT | eus | | | | | |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2018 |
|-----|---|------|----------------------------|
| b | Assets included in Form 990, Part X | | \$ |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro- | ovid | e |
| | (ii) Assets included in Form 990, Part X | | \$ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | relating to these items: | | |

832051 10-29-18

| Sche | dule D (Form 990) 2018 CHILDRE | N'S LAW CEI | NTER | , INC. | | | 52-1 | 961588 | B Page 2 |
|----------|---|-------------------------|------------|----------------|---|-------------|---------------------|--------------------|------------|
| | t III Organizations Maintaining C | | | | asures, or (| Other S | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, checł | any of the f | following that a | re a signi | ficant use of its | s collection | items |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | ı 🛄 | Loan or exc | hange program | าร | | | |
| b | Scholarly research | е | | Other | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how th | ey further th | ne organization | 's exempt | purpose in Pa | art XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, hi | storical treas | sures, or other | similar as | sets | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | ete if the | e organizatio | n answered "Y | es" on Fo | orm 990, Part I | V, line 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | iary for | contributions | s or other asse | ts not incl | luded | | |
| | on Form 990, Part X? | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing t | able: | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | | |
| 2a | Did the organization include an amount on F | | | | | | ?[| Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Par | T V Endowment Funds. Complete | if the organization an | swered | "Yes" on Fo | orm 990, Part IV | /, line 10. | | | |
| | | (a) Current year | (b) F | Prior year | (c) Two years | back (d) | Three years bad | ck (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 1) | n column (a) |)) held as: | | | | |
| - a | Board designated or quasi-endowment | • | % | y, oolanni (a) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| b | Permanent endowment | % | | | | | | | |
| | Temporarily restricted endowment | | | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | |
| 20 | Are there endowment funds not in the posse | - | tion the | t are hold ar | ad administoro | t for the c | rappization | | |
| Ja | | ssion of the organize | | a ale neio ai | | | nganization | Г | Yes No |
| | by: (i) unrelated organizations | | | | | | | 3a(i) | |
| | (i) unrelated organizations | | | | | | | | |
| L | (ii) related organizations | | | | | | | | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | |
| 4 Par | t VI Land, Buildings, and Equipm | | wmenti | unas. | | | | | |
| 1 41 | Complete if the organization answere | |) Dart IV | / lino 110 S | CO Form 000 | Dart V lin/ | - 10 | | |
| | | (a) Cost or o | | | | | | (d) Bool | |
| | Description of property | basis (investr | | | or other (other) | . , | umulated ciation | (a) Book | (value |
| . | Land | `` | nong | Dabib | | depre | olation | | |
| | Land | | | | | | | | |
| | Buildings | | | 1 70 | 5 0/5 | 10 | 1,289. | 1 201 | 2 756 |
| | Leasehold improvements | | | | 5,045. | | 0,745. | | 3,756. |
| | Equipment | | | | 2,432. | | | | L,687. |
| | Other | | | | 1,496. | | 0,701. | |),795. |
| l otal | . Add lines 1a through 1e. (Column (d) must e | oual Form 990 Part | X colun | nn (R) line 1 | 0с) | | 🕨 📘 | Τ, ΟΙ(| 5,238. |

Schedule D (Form 990) 2018

| | | | ED 1061E00 - 5 |
|--|----------------------|--------------------------------|---|
| Schedule D (Form 990) 2018 CHILDREN'S | LAW CENTER, | INC. | 52-1961588 Page 3 |
| Complete if the organization answered "Yes" | on Form 990, Part IV | , line 11b. See Form 990, Pa | rt X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | | ation: Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of Valu | ation: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV | line 11d See Form 990 Pa | rt X line 15 |
| | Description | , inte 110. dee 1 onn 300, 1 a | (b) Book value |
| (1) | I | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | e 15.) | | |
| Part X Other Liabilities. | | | <u> </u> |
| Complete if the organization answered "Yes" | on Form 990, Part IV | , line 11e or 11f. See Form 9 | 90, Part X, line 25. |
| 1. (a) Description of liability | | (b) Book value | |

| 1. (a) Description of nability | (b) DOOK value |
|--|----------------|
| (1) Federal income taxes | |
| (2) DEFERRED RENT | 838,943. |
| (3) DEFERRED TENANT IMPROVEMENT ALL | 1,197,612. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) | ▶ 2,036,555. |

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

| Sche | dule D (Form 990) 2018 CHILDREN'S LAW CENTER, INC | • | | 52- | 1961588 Page 4 |
|------|--|----------|----------------|-------|-----------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 11,635,878. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -20,086. | | |
| b | Donated services and use of facilities | 2b | 447,534. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 427,448. |
| 3 | Subtract line 2e from line 1 | | | 3 | 11,208,430. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | 6,233. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 6,233. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 11,214,663. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | | Expenses per F | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | 1 | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 9,650,506. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 447,534. | _ | |
| b | Prior year adjustments | 2b | | _ | |
| С | Other losses | 2c | | _ | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 447,534. |
| 3 | Subtract line 2e from line 1 | | | 3 | 9,202,972. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | 6,233. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 6,233. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 9,209,205. |
| Pa | rt XIII Supplemental Information. | | | | |

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

PART X, LINE 2:

CLC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE

DISTRICT OF COLUMBIA. CLC IS NOT A PRIVATE FOUNDATION AND IS EXEMPT FROM

TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

CLC'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL

AND STATE TAXING AUTHORITIES. CLC IS NOT AWARE OF ANY ACTIVITIES THAT

WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. INCOME TAX RETURNS FOR THE YEARS

ENDED SEPTEMBER 30, 2019, 2018 AND 2017 REMAIN OPEN TO EXAMINATION BY THE

TAXING JURISDICTIONS.

| Schedule D | (Form 990) 2018 CHILD Supplemental Information | REN'S LAW CENTE | ER, INC. | 52-1961588 Page 5 |
|------------|---|-----------------|----------|-------------------|
| Part XIII | Supplemental Information (| continued) | | |
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| SCHEDULE G | Suppleme | ntal Information Regardin | g Fund | Iraisi | ng or Gaming A | ctivities | OMB No. 1545-0047 |
|--|----------------|--|-----------|--------------------|------------------------|-------------------------------|-----------------------------------|
| (Form 990 or 990-EZ) C | | e organization answered "Yes" o organization entered more than \$ | | | | or 19, or if the | 2018 |
| Department of the Treasury | | Attach to Form 99 | | | | | Open to Public |
| Internal Revenue Service | ► Go | to www.irs.gov/Form990 for ins | tructior | s and | the latest informati | | Inspection |
| Name of the organization | CHILDRE | N'S LAW CENTER, I | NC. | | | | r identification number 961588 |
| | | Complete if the organization answ | | 'es" or | n Form 990, Part IV, I | line 17. Form 99 | 0-EZ filers are not |
| required to con | | | | | | | |
| | 0 | ed funds through any of the follow | 0 | | | | |
| a X Mail solicitations | | | | • | overnment grants | | |
| b X Internet and em | | | | - | nment grants | | |
| c X Phone solicitatio | | g 🔀 Speci | al fundra | aising | events | | |
| d X In-person solicit | | | | | | | |
| Ŭ | | or oral agreement with any individu | • | Ũ | | | Yes No |
| | - | art VII) or entity in connection with | • | | • | | |
| compensated at least | • | viduals or entities (fundraisers) purs | uant to | agreer | ments under which the | ne tunoraiser is | to be |
| | \$5,000 by the | | | | | | |
| (i) Name and address of | individual | | (iii | Did | (iv) Gross receipts | (v) Amount p | |
| or entity (fundrais | | (ii) Activity | have o | ustody htrol of | from activity | to (or retained fundraiser | to (or retained by) |
| , (| | | contrib | utions? | | listed in col. | (i) organization |
| ELEVATE - 806 7TH STR | EET, NW, | GRANT WRITING & | Yes | No | | | |
| #301, WASHINGTON, DC | 20001 | ADMINISTRATION | | x | ٥. | 73,8 | 390. 0. |
| | | | | | | | |
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| | | | | | | | |
| Total | | | <u></u> | | | 73,8 | |
| List all states in which t or licensing. | ne organizatio | on is registered or licensed to solici | contrib | utions | or has been notified | I IT IS exempt fro | m registration |
| DC, MD, VA | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule G (Form 990 or 990-EZ) 2018

| | | le G (Form 990 or 990-EZ) 2018 CHILDRE | | | | 1961588 Page 2 |
|-----------------|------|--|---|--|--|--|
| Pa | ιτι | II Fundraising Events. Complete if the of fundraising event contributions and gree | | | | |
| | | | (a) Event #1 ANNUAL BENEFIT (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 1,287,396. | | | 1,287,396. |
| | 2 | Less: Contributions | 1,265,426. | | | 1,265,426. |
| | 3 | Gross income (line 1 minus line 2) | 21,970. | | | 21,970. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 64,850. | | | 64,850. |
| rect Ex | 7 | Food and beverages | 1,530. | | | 1,530. |
| Dire | | Entertainment Other direct expenses Direct expense summary. Add lines 4 through | 7,206. 9 in column (d) | | • | 7,206. 73,586. -51,616. |
| Pa | rt I | Net income summary. Subtract line 10 from li Gaming. Complete if the organization | | 990, Part IV, line 19, or i | | 51,010. |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % └── No | └── Yes % └── No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | ls t | ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain: | ctivities in each of these | | | Yes No |
| | | ere any of the organization's gaming licenses re 'Yes," explain: | | | /ear? | Yes No |
| | | | | | | |

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

| Sch | nedule G (Form 990 or 990-EZ) 2018 CHILDREN'S LAW CENTER, INC. 52-1 | 961 | 588 | Pac | ge 3 |
|-----|---|-----------|----------|--------|-------------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | | |
| | to administer charitable gaming? | | Yes | | No |
| | Indicate the percentage of gaming activity conducted in: | | | | |
| | a The organization's facility | 13a | | | % |
| | a An outside facility | 13b | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | |
| | Name | | | | |
| | Address 🕨 | | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | | No |
| ł | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | | |
| | of gaming revenue retained by the third party ▶\$ | | | | |
| Ċ | c If "Yes," enter name and address of the third party: | | | | |
| | Name | | | | |
| | Address | | | | |
| 16 | Gaming manager information: | | | | |
| | | | | | |
| | Name | | | | |
| | Gaming manager compensation 🕨 💲 | | | | |
| | Description of services provided 🕨 | | | | |
| | | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| 17 | Mandatory distributions: | | | | |
| á | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the state gaming license? | | Yes | | No |
| ł | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | | |
| Pa | organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part | - III lin | 0.0 | ah 10 | 1h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | , | 165 9, 3 | 50, 10 | D, |
| | ····, ···, ···, ····, ···· | | | | |
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| Schedule G | a (Form 990 or 990-EZ) | CHILDREN'S | LAW | CENTER, | INC. | 52-1961588 | Page 4 |
|------------|------------------------|--------------------|-----|---------|------|------------|--------|
| Part IV | Supplemental Infor | mation (continued) | | | | | |
| | | | | | | | |
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| | | " | PUBLIC INSPECTION" | | | | | | |
|-----|---|---|--|--------------|------------------------------|--------|----------|--|--|
| SCI | HEDULE J | Comp | ensation Information | | OMB No. 15 | 45-004 | 7 | | |
| (Fo | rm 990) | For certain Officers, D ► Complete if the organiza | | 2018 | | | | | |
| | tment of the Treasury | Co to youry iro gov/E | Attach to Form 990. | | Open to Public Inspection | | | | |
| | al Revenue Service e of the organization | | orm990 for instructions and the latest information. | Employer ide | - | | nber | | |
| | 0 | CHILDREN'S LAW | CENTER, INC. | 52-19 | | | | | |
| Pa | rt I Question | s Regarding Compensation | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | | |
| | | | | | | Yes | No | | |
| 1a | Check the appropri | iate box(es) if the organization provide | d any of the following to or for a person listed on Form | 990, | | | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide a | ny relevant information regarding these items. | | | | | | |
| | First-class or o | charter travel | Housing allowance or residence for perso | onal use | | | | | |
| | Travel for com | ipanions | Payments for business use of personal re | sidence | | | | | |
| | Tax indemnific | cation and gross-up payments | Health or social club dues or initiation fee | :S | | | | | |
| | Discretionary | spending account | Personal services (such as maid, chauffe | ur, chef) | | | | | |
| | | | | | | | | | |
| b | If any of the boxes | on line 1a are checked, did the organi | zation follow a written policy regarding payment or | | | | | | |
| | reimbursement or p | provision of all of the expenses describ | bed above? If "No," complete Part III to explain | | 1b | | | | |
| 2 | Did the organizatio | n require substantiation prior to reimb | ursing or allowing expenses incurred by all directors, | | | | | | |
| | trustees, and office | rs, including the CEO/Executive Direc | tor, regarding the items checked on line 1a? | | 2 | | | | |
| | | | | | | | | | |
| 3 | | | ion used to establish the compensation of the organiza | | | | | | |
| | | | ck any boxes for methods used by a related organizati | on to | | | | | |
| | · · · | ation of the CEO/Executive Director, b | | | | | | | |
| | X Compensatior | | X Written employment contract | | | | | | |
| | | compensation consultant | Compensation survey or study | | | | | | |
| | X Form 990 of o | ther organizations | X Approval by the board or compensation o | committee | | | | | |
| 4 | During the year did | 1 any person listed on Form 990 Part | VII, Section A, line 1a, with respect to the filing | | | | | | |
| • | organization or a re | | | | | | | | |
| а | | ce payment or change-of-control paym | ent? | | 4a | | Х | | |
| | | | nonqualified retirement plan? | | | | Х | | |
| | | | compensation arrangement? | | | | Х | | |
| | | | the applicable amounts for each item in Part III. | | | | | | |
| | | | | | | | | | |
| | Only section 501(c | c)(3), 501(c)(4), and 501(c)(29) organi | zations must complete lines 5-9. | | | | | | |
| 5 | For persons listed of | on Form 990, Part VII, Section A, line ⁻ | a, did the organization pay or accrue any compensation | วท | | | | | |
| | contingent on the r | evenues of: | | | | | | | |
| а | The organization? | | | | 5a | | X | | |
| | Any related organiz | | | | 5b | | X | | |
| | If "Yes" on line 5a o | or 5b, describe in Part III. | | | | | | | |
| 6 | | | a, did the organization pay or accrue any compensation | วท | | | | | |
| | contingent on the r | | | | | | | | |
| а | The organization? | | | | 6a | | X | | |
| | Any related organiz | zation? | | | 6b | | <u>X</u> | | |
| | | or 6b, describe in Part III. | | | | | | | |
| 7 | | | a, did the organization provide any nonfixed payments | | | | | | |
| | | | III | | 7 | | <u> </u> | | |
| 8 | | | or accrued pursuant to a contract that was subject to t | ne | | | | | |
| | | | | | 8 | | <u> </u> | | |
| 9 | | | uttable presumption procedure described in | | | | | | |
| | Regulations section | n 53.4958-6(c)? | | | 9 | | 0040 | | |

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

CHILDREN'S LAW CENTER, INC.

52-1961588 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation | |
|----------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (B)(I)-(D) | in column (B) reported as deferred on prior Form 990 | |
| (1) JUDITH SANDALOW | (i) | 164,524. | 20,000. | 0. | 5,615. | 11,322. | 201,461. | 0. | |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) BRIAN D. SHOOK | (i) | 154,317. | 0. | 0. | 4,817. | 17,544. | 176,678. | 0. | |
| DEVELOPMENT DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2018

| Schedule J | (Form 990) | 2018 | CHILDREN'S | LAW | CENTER, | INC. |
|------------|------------|------|------------|-----|---------|------|
|------------|------------|------|------------|-----|---------|------|

52-1961588 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.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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

Open to Public Inspection

Employer identification number

52-1961588

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

| | ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
|----|--|---|-----|---------|------|--|--|--|
| | | | | | | | | |
| CI | HILDREN' | S | LAW | CENTER, | INC. | | | |

| Par | tI | Types | s of Property | | | | | | | | | |
|-----|-------|-------------|---------------------------------------|----------------|----------------------------|---------------------------------|-------------|---------|--------------|-----------|--------|----------|
| | | | | (a) | (b) | (c) | | | (0 | | | |
| | | | | Check if | Number of contributions or | Noncash contri amounts repor | | | Method of c | | • | _ |
| | | | | applicable | | Form 990, Part VI | | non | cash contrik | oution ar | nounts | 5 |
| 1 | Art - | Works of | art | | | | | | | | | |
| 2 | | | treasures | | | | | | | | | |
| 3 | | | l interests | | | | | | | | | |
| 4 | | | blications | | | | | | | | | |
| 5 | | | nousehold goods | | | | | | | | | |
| 6 | | | r vehicles | | | | | | | | | |
| 7 | | | nes | | | | | | | | | |
| 8 | | lectual pro | | | | | | | | | | |
| 9 | | • | blicly traded | X | 8 | 125 | ,113. | FMV | | | | |
| 10 | | | osely held stock | | u | | / = = 3 • | | | | | |
| | | | rtnership, LLC, or | | | | | | | | | |
| | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| | | | scellaneous | | | | | | | | | |
| 13 | | | ervation contribution - | | | | | | | | | |
| | | oric struct | | | | | | | | | | |
| 14 | | | ervation contribution - Other | | | | | | | | | |
| 15 | | | Residential | | | | | | | | | |
| 16 | | | Commercial | | | | | | | | | |
| 17 | | | Other | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | y | | | | | | | | | |
| 20 | | | dical supplies | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | acts | | | | | | | | | |
| 23 | | | cimens | | | | | | | | | |
| 24 | | | artifacts | | | | 0.0.4 | | | _ ~ | | |
| 25 | Othe | | (<u>TOYS</u>) | X | 384 | 92 | ,284. | EST. | PURCH | ASE 1 | PRIC | <u> </u> |
| 26 | Othe | er 🕨 | () | | | | | | | | | |
| 27 | Othe | er 🕨 | () | | | | | | | | | |
| 28 | | er 🕨 | (| | | | . I | | | | | |
| 29 | | | rms 8283 received by the organiz | | • | | | | | | • | |
| | for w | which the o | organization completed Form 828 | 33, Part IV, I | Donee Acknowledg | ement | 29 | | | | 0 | |
| | | | | | | | | | | | Yes | No |
| 30a | | | ar, did the organization receive by | | • • • • • | | - | | t it | | | |
| | | | at least three years from the date | | l contribution, and | which isn't require | ed to be us | sed for | | | | |
| | | | ses for the entire holding period? | • | | | | | | 30a | | X |
| b | | | ibe the arrangement in Part II. | | | | | | | | | |
| 31 | | - | nization have a gift acceptance p | - | - | • | | tions? | | 31 | | <u>X</u> |
| 32a | Does | s the orga | nization hire or use third parties of | or related or | ganizations to solid | cit, process, or sell | noncash | | | | | |
| | | ributions? | | | | | | | | 32a | | X |
| | | | ibe in Part II. | | | | | | | | | |
| 33 | | - | tion didn't report an amount in c | olumn (c) fo | a type of property | for which column | (a) is cheo | cked, | | | | |
| | | ribe in Pa | | | | | | | | | | |
| LHA | Fo | r Paperw | ork Reduction Act Notice, see | the Instruct | tions for Form 990 |). | | | Schedule | M (Forn | n 990) | 2018 |

Schedule M (Form 990) 2018 CHILDREN'S LAW CENTER, INC.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



CHILDREN'S LAW CENTER, INC.

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

FAMILY, HEALTH, AND EDUCATION.

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

MORE THAN 5,000 CHILDREN AND FAMILIES EACH YEAR. WE USE THIS EXPERTISE,

GAINED FROM OUR DIRECT SERVICE, TO ADVOCATE FOR CHANGES IN THE

DISTRICT'S LAWS, POLICIES, AND PROGRAMS.

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

WHETHER THROUGH ADOPTION, CUSTODY OR GUARDIANSHIP.

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

POLICY WORK AND ADVOCACY - CLC'S POLICY ADVOCACY IS GROUNDED IN THE

EXPERIENCE CLC HAS GAINED HELPING TENS OF THOUSANDS OF DISTRICT

CHILDREN SINCE OUR FOUNDING IN 1996. CLC OFFERS CITY-WIDE SOLUTIONS TO

THE MAYOR, DISTRICT AGENCIES, AND THE DC COUNCIL TO BETTER SERVE

VULNERABLE CHILDREN. CLC WORKS TO IMPROVE LAWS, POLICIES AND PRACTICE,

AND ALSO SECURE MEDIA COVERAGE ABOUT THE DISTRICT'S SUCCESSES AND

FAILURES IN MEETING CHILDREN'S NEEDS. WHETHER IT IS PRESSING AGENCIES

TO BETTER PREPARE OLDER YOUTH WHO AGE OUT OF FOSTER CARE, IMPROVING

SPECIAL EDUCATION WITHIN DC SCHOOLS, OR ENSURING PEDIATRICIANS SCREEN

FOR CHILDREN'S MENTAL HEALTH NEEDS - CLC'S POLICY ADVOCACY DELIVERS

REAL RESULTS THAT IMPROVE ALL CHILDREN'S LIVES.

EXPENSES \$ 689,288. INCLUDING GRANTS OF \$ 0. REVENUE \$ 330,611.

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

Name of the organization Employer identification number 52-1961588 CHILDREN'S LAW CENTER, INC. THE FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE MANAGER, THE CONTROLLER AND THE EXECUTIVE DIRECTOR. AFTER THIS REVIEW, THE FORM 990 IS DISTRIBUTED ELECTRONICALLY TO THE MEMBERS OF THE BOARD OF DIRECTORS.

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

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

EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES AN ANNUAL FORM WHICH IS

REVIEWED BY THE EXECUTIVE DIRECTOR, CHIEF OPERATING OFFICER, AND THE BOARD CHAIR.

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

THE BOARD'S COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA OF OTHER NONPROFIT ORGANIZATIONS AND MAKES RECOMMENDATIONS WHICH ARE DISCUSSED AND APPROVED BY THE FULL BOARD OF DIRECTORS. THIS PROCESS IS FOR EXECUTIVE DIRECTOR ONLY. FOR OTHER STAFF, A MARKET-INFORMED ANALYSIS IS CONDUCTED TRIENNIALLY FOR ALL POSITIONS. BASED ON THAT ANALYSIS, THE LEADERSHIP TEAM DEVELOPS A SALARY SCALE FOR ALL POSITIONS AND THE EXECUTIVE DIRECTOR DETERMINES KEY EMPLOYEE SALARIES.

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

CLC PROVIDES A COPY OF ITS RECENT AUDIT AND FORM 990 ON ITS WEBSITE. CLC ALSO MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUESTS MADE TO ITS CHIEF DEVELOPMENT OFFICER AND PROVIDES HIS E-MAIL ADDRESS AND PHONE NUMBER. THE 990 IS AVAILABLE TO ALL ON GUIDESTAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR FEDERAL INCOME TAX

-31,109.

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

(Rev. January 2019)

Form **8868**

| File a | sonarato | application | for each | return | |
|--------|----------|-------------|----------|--------|--|

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number | | | | | | |
|---|--|--|---|---------------------------|---|---|--|--|
| Type or | pe or Name of exempt organization or other filer, see instructions. | | | | | Employer identification number (EIN) or | | |
| print | | | | | | | | |
| File by the | CHILDREN'S LAW CENTER, INC. | | 52-1961588 | | | | | |
| due date fo filing your return. See | 501 3RD ST NW 8TH FLOOR | Social security number (SSN) | | | | | | |
| instruction | | oreign addi | ress, see instructions. | | | | | |
| Enter th | e Return Code for the return that this application is for (file | e a separa | te application for each return) | | | 01 | | |
| Application | | | Application | | | Return | | |
| Is For | | | ls For | | | Code | | |
| Form 990 or Form 990-EZ | | | Form 990-T (corporation) | 07 | | | | |
| Form 990-BL | | | Form 1041-A | 08 | | | | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | 09 | | | | |
| Form 99 | 0-PF | 04 | Form 5227 | 10 | | | | |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | | | |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| If the If this box 1 1 1 th | ohone No. ▶ 202-467-4900 organization does not have an office or place of business a is for a Group Return, enter the organization's four digit 0 . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the organization is for the organization named above. The extension is for the organization the organization named above. The extension is for the organization of time until • | Group Exe and atta AUGU anization's | mption Number (GEN), . ch a list with the names and EINs of <u>ST 15, 2020</u> , to file return for: d ending <u>SEP 30, 2019</u> | If this is fo all memb | r the whole o ers the exter npt organizat | group, check this | | |
| | this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions. | or 6069, e | enter the tentative tax, less | 3a | \$ | 0. | | |
| b If | this application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | | | |
| es | estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | 0. | | |
| c Balance due. Subtract line 3b from line 3a. Include your paym | | | | | | | | |
| using EFTPS (Electronic Federal Tax Payment System). See | | <u>instructio</u> | nstructions. | | \$ | 0. | | |
| instructi | : If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice, | | | 453-EO an | | 9-EO for payment 3868 (Rev. 1-2019) | | |