### \*\* Public Disclosure Copy \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AF	or the	2017 calendar year, or tax year beginning Ju	L 1, 2017 and	ending J	UN 30, 2018			
Вс	heck if pplicable	C Name of organization			D Employer ic	<b>l</b> entific	cation number	
	Addres change Name	Alliance Defending Freedom						
$\perp$	change	Doing business as	54-1660459					
L	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone n	umbei	•	
	Final return/	15100 North 90th Street			48	30-44	4-0020	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	}	55,633,108.	
	Amend				H(a) Is this a gr			
F	∟lreturn ∏Applica	•	ol P Farrig		for subord	•		
_	Lion pendin	same as C above					····· — —	
			4 0		1		ctuded? Yes No	
				or 527	4 " ''-', -"		list. (see instructions)	
		e: www.alliancedefendingfreedom.org			H(c) Group exe			
-		organization; Carlo Paranta Carlo Paranta	sociation Other	L Year	of formation: 199	3 N	State of legal domicile: VA	
Pê		Summary						
ø	<b>1</b> 1	Briefly describe the organization's mission or most	significant activities: ADF is	committe	d to transfo	rming	<u> </u>	
Ĕ		law and culture so true freedom can fl	ourish.					
Ë	2	Check this box 🕨 📖 if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its	net as	sets.	
Š	3 1	Number of voting members of the governing body	(Part VI, line 1a)			3	9	
Ğ		Number of independent voting members of the gov					9	
δ. eo	1	Fotal number of individuals employed in calendar y					289	
iţie		Fotal number of volunteers (estimate if necessary)				-	695	
Activities & Governance		Fotal unrelated business revenue from Part VIII, co					0.	
₹	1	Net unrelated business taxable income from Form				7b	0.	
	-	ver differenced business taxable income from Form	930-1, ште 04		Prior Year	1/5	Current Year	
	ا ما	Santalbankiana and manta (Santa) (III. Grandle)			50,199	237	55,125,355.	
an		Contributions and grants (Part VIII, line 1h)		30,133,	0.			
Je J		Program service revenue (Part VIII, line 2g)			0.1		150,145.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			634.	<346,969.:		
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			081.	259,465.		
		Total revenue - add lines 8 through 11 (must equal			51,173,	_	55,187,996.	
	13 (	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		3,350,	128.	4,939,588.	
	14	Benefits paid to or for members (Part IX, column (A		0.		0.		
Š	15 :	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		23,917,	255.	24,624,612.	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), li	ne 11e)		2,798,	578.	2,663,365.	
9		Total fundraising expenses (Part IX, column (D), line						
ш		Other expenses (Part IX, column (A), lines 11a-11d,			20,238,	686.	22,457,730.	
		Fotal expenses. Add lines 13-17 (must equal Part I)			50,304	647.	54,685,295.	
	I	Revenue less expenses. Subtract line 18 from line			869	305.	502,701.	
PS S		TOTAL			ginning of Current		End of Year	
		Fotal assets (Part X, line 16)		<del>-</del>	34,851,		35,095,981.	
Net Assets Fund Balan	21 -	Total lassets (Part X, line 16)  Fotal liabilities (Part X, line 26)			5,255,	_	5,694,545.	
誓	22	Net assets or fund balances. Subtract line 21 from	line 20	······  —	29,596,	_	29,401,436.	
	irt II	Signature Block	iiile 20		,,			
		ties of perjury, I declare that I have examined this return,	including accompanying schedule	e and etatem	ente and to the he	et of my	knowledge and helief it is	
		, and complete. Peclaration of preparer (other than office					r knowieuge and belief, it is	
u ue,	Correct	<del> </del>	i) is based on an information of wi	iicii piepaiei			<u> </u>	
_		Signature of officer		<del> </del>	Date	29-19	<del></del>	
Sig		•	inamaa C Bdmi		54.0			
Her	e	Wayne Swindler, Executive VP of F.  Type or print name and title	inance & Admi					
		y			Date I cr	. , I	PTIN	
		Print/Type preparer's name	Preparer's signature		4/29/2019   Cr	neck	<b>-</b> 1	
Paid -		Ted R. Batson, Jr.	Led R. Bation	)ــــ(بــــ	1/23/2019 "	if-employe		
-		Firm's name Capin Crouse LLP		//	Firm's E	IN 🛌	36-3990892	
Use	Only	Firm's address 2435 Research Parkway, St		_				
		Colorado Springs, CO 809	20		Рһопе п	0.719	-528-6225	
May	the IF	S discuss this return with the preparer shown abo	ve? (see instructions)				X Yes No	

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To keep the doors open for the Gospel by advocating for religious
	freedom, sanctity of life, and marriage and the family.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
•	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.
7	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	15.000.004
4a	(Code: ) (Expenses 17,082,961. including grants of 1,735,754.) (Revenue 374,499.)  Legal Advocacy: Alliance Defending Freedom (ADF) is an
	alliance-building legal organization that advocates for the right of
	people to freely live out their faith. ADF champions God-given freedoms
	that allow for human flourishing while affirming the dignity of every
	person. ADF exists to facilitate an alliance of like-minded influencers
	from every sphere of the public square affecting law and culture, and
	to mobilize this alliance to protect the core values of religious
	freedom, the sanctity of life, and marriage and family. ADF offers
	exceptional legal advocacy and expertise through our more than 60
	attorneys based in Arizona, Georgia, Washington D.C., New York City and
	around the world. Together with a network of 3,200-strong allied
	attorneys, ADF has a nearly 80% success rate in our cases, and has won
4b	(Code:) (Expenses \$10 ,104 ,635 . including grants of \$1,234 ,910 . ) (Revenue \$
	Allied Support and Training: As an alliance-building legal organization
	that advocates for the right of people to freely live out their faith,
	Alliance Defending Freedom (ADF) is committed to equipping allies to
	defend and promote religious liberty to the best of their ability, and
	to transform law and culture so true freedom can flourish. To this end,
	ADF offers world-class training for Christian attorneys and
	professionals, for law students, and for college students interested in
	pursuing a career in law, public policy, government, business, and
	other culture-shaping fields.
	Through the ADF Summit on Religious Liberty, practicing attorneys,
	legal advocates, business leaders, entrepreneurs, clergy, policy
4c	(Code:) (Expenses \$9,805,653. including grants of \$221,680. ) (Revenue \$
	Public education: ADF provides information to the public regarding the
	importance of government recognition of freedom of religion, the
	sanctity of every human life, and the values of marriage and family in
	the United States and throughout the world. This is done through the
	use of printed materials, mailings, email alerts, websites, blogs,
	op-eds, social media, webinars, media and personal appearances, and
	events.
	The intent of ADF public education is to inform and raise awareness of
	the following: The intent of the founders of the constitution of the
	United States and the Bill of Rights to reflect natural law; entities
	that seek to distort or repurpose the Constitution's original meaning;
4d	
	(Expenses \$ 3,071,860. including grants of \$ 1,747,244.) (Revenue \$ )
4e	Total program service expenses 40,065,109.
<u> </u>	

## Form 990 (2017) Alliance Defending Freedom Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
ıza	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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	х	
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? If "Yes,"			
	complete Schedule G, Part III	19		Х

## Form 990 (2017) Alliance Defending Freedom Part IV Checklist of Required Schedules (continued)

			Yes	NO
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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 Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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		х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			, v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	х	
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		х
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		Х
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		Х
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	

#### 2017) Alliance Defending Freedom Statements Regarding Other IRS Filings and Tax Compliance Part V

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

	Check if Schedule O contains a response or note to any line in this Part V			Х					
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 289								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х						
b	If "Yes," enter the name of the foreign country: ► See Schedule 0								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	, , , , , , , , , , , , , , , , , , , ,	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v					
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		Х					
D		6b							
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD							
а	0.00	7a		х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
-	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	, , , , , , , , , , , , , , , , , , , ,	9a							
b	, , , , , , , , , , , , , , , , , , , ,	9b							
10	Section 501(c)(7) organizations. Enter:								
_									
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:								
'' a									
~	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	dentil determing bedy and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			-110
	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			
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		х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
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			
<del></del>	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 AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI		1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	J 4: -	_:-!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ı tınan	cial	
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:  Wayne Swindler - 480-444-0020			
	15100 North 90th Street, Scottsdale, AZ 85260			

Page 7

#### Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle cer ar	heck ss pe	rson	than is bot	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Terry Schlossberg	8.00									
Chairman		Х		Х				0.	0.	0.
(2) Tom Minnery	2.00	1								
Vice Chairman		Х		Х				0.	0.	0.
(3) Mark Maddoux	5.00	1								
Secretary/Treasurer		Х		Х				0.	0.	0.
(4) Richard Korpan (part year)	2.00	1								
Treasurer		Х		Х				0.	0.	0.
(5) Alfonso Aguilar	2.00	1								
Director		Х						0.	0.	0.
(6) Marjorie Dannenfelser	2.00	1								
Director		Х						0.	0.	0.
(7) Seth Morgan	2.00	1								
Director		Х						0.	0.	0.
(8) Charles Pickering	2.00	1								
Director		Х						0.	0.	0.
(9) John Rogers	2.00	4								_
Director		Х						0.	0.	0.
(10) Ruth Ross	2.00	1								_
Director		Х						0.	0.	0.
(11) Donna Ecton (part year)	2.00	4								_
Director		Х					-	0.	0.	0.
(12) Allen Ginsborg (part year)	2.00	ł								
Director	60.00	Х						0.	0.	0.
(13) Michael Farris	60.00	4		١				200 052	0	10.006
President, CEO, General Counsel	55.00			Х				382,973.	0.	19,826.
(14) Wayne Swindler	55.00	4		١.,				0.46 1.71	0	20.040
EVP Finance & Administration	F0 00			Х				246,171.	0.	32,840.
(15) Tony Johnson	50.00	┨		ļ "				147 007	0	04 500
Chief Operating Officer (16) Mark Crozet	50.00			Х				147,027.	0.	24,592.
	50.00	1			х			220 471	0.	26 400
SVP of Development (17) Jeffrey Ventrella	50.00	$\vdash$	$\vdash$	$\vdash$	_		$\vdash$	239,471.	0.	26,409.
Sr. Counsel, SVP of Training	50.00	1			х			206,966.	0.	28 007
732007 11-28-17					Λ			200,900.	0.	28,907. Form <b>990</b> (2017)

732007 11-28-17 Form **990** (2017)

55

(A) Name and title  Average hours per week (list any hours for related organizations below line)    Name line   Name   Na	(F) Estimated amount of other compensation from the organization and related
(A) Name and title  Average hours per week (list any)  (B)  Average hours per week (list any)  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable compensation from from related organizations	Estimated amount of other compensation from the organization
hours per week (list any   [do not check more than one box, unless person is both an officer and a director/trustee)   [do not check more than one box, unless person is both an officer and a director/trustee)   [from from related organizations]	amount of other compensation from the organization
Nours per week (list any list and a director/trustee) list any lis	other compensation from the organization
(list any 불	compensation from the organization
	from the organization
	organization
hours for   등   및	"
related organizations below line) line)   Office in mindly lines   Offi	
	organizations
hours for related organizations below line)    Delow line   Delow line	
(18) Tim Chandler 50.00	
Sr. Counsel, SVP of Alliance Adv X 200,367.	0. 27,774.
(19) Kristen Waggoner 50.00	
SVP of US Legal Division X 211,681.	0. 28,538.
(20) Glen Lavy 50.00	
	0. 30,006.
(21) Alan Sears 50.00	
	0. 33,475.
(22) Benjamin Bull 50.00	
Chief Counsel/Exec Dir of ADF Int'1 X 335,472.	0. 27,749.
(23) Douglas Napier 50.00	
SVP of Alliance Relations X 207,677.	0. 30,260.
(24) David Cortman 50.00	
· / / · · · · · · · · · · · · · · · · ·	0. 30,108.
(25) Lisa Reschetnikow 28.00	
ADF Foundation Pres/Corp Gen Couns 22.00 X 203,466.	0. 16,545.
(26) Amy Shepard 50.00	
	0. 25,058.
To Coo total	0. 382,087.
7	0. 25,331.
d Total (add lines 1b and 1c) 3,561,984.	0. 407,418.

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

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S V

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Masterworks, Inc., 19462 Powder Hill Place		
NE, Poulsbo, WA 98370	Fundraising Consultant	2,344,043.
Alaniz Metro Group, 1805 E Washington		
Street, Mt Pleasant , IA 52641	Mailing Services	1,508,050.
MetaSoftTech Solutions, 2195 Chandler		
Blvd, Suite 100, Chandler, AZ 85224	Business Analysis	212,189.
NextAfter, LLC, 5810 Tennyson Parkway, Ste		
102, Plano, TX 75024	Strategy Consulting	205,961.
Citygate Films LLC, 6625 Colton Crawford		
Circle, Suite 307, Falls Church, VA 220	Video Production	185,015.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 12	d above) who received more than	

Form 990 Alliance Defe	ending Free								54-166045	
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo I	oyee	s, a	nd F	High	est	Compensated Employ	ees (continued)	<b>(F)</b>
<b>(A)</b> Name and title	(B) Average hours	(cl	neck	Pos	C) ition that		ly)	<b>(D)</b> Reportab <b>l</b> e compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) Gary McCaleb	50.00									
r. Counsel, VP							Х	186,703.	0.	25,33
		<u> </u>								

Form 990 (2017) Alliance Defending Freedom
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	38,614.				
ar our	b							
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c					
	c	Related organizations	1d	386,471.				
	е	Government grants (contributi	ons) <b>1e</b>					
tio S	f	All other contributions, gifts, grant	s, and					
ip i		similar amounts not included abov	/e <b>1f</b>	54,700,270.				
ontr od O	g	Noncash contributions included in lines	1a-1f: \$	2,159,502.				
g E	h	Total. Add lines 1a-1f		▶	55,125,355.			
Program Service Revenue				Business Code				
	2 a	Membership Fees		900099	150,145.	150,145.		
er.	b							
n S	C	:						
Jrar Rev	C	·						
roc	е							
а	f	All other program service reve						
	9	Total. Add lines 2a-2f			150,145.			
	3	Investment income (including			04 500			04 500
	_	other similar amounts)			94,529.			94,529.
	4	Income from investment of tax	•	·				
	5	Royalties						
	۰.	Overe weeks	(i) Real 8,372	(ii) Personal				
	6 a		3,614					
	b		4,758					
	0	Rental income or (loss)  Net rental income or (loss)			4,758.			4,758.
		Gross amount from sales of	(i) Securities	(ii) Other	1,755.			1,,50:
	, ,	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	~	and sales expenses		441,498.				
	c	Gain or (loss)		<441,498.	<b>&gt;</b>			
	c	Net gain or (loss)			<441,498.	>		<441,498.>
a)		Gross income from fundraising			,			,
une		including \$	of					
eve		contributions reported on line	1c). See					
Other Rever		Part IV, line 18	a	ı 📗				
the	b	Less: direct expenses						
٠	c	Net income or (loss) from fund	raising events	<b>_</b>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a	ı				
		Less: direct expenses						
		Net income or (loss) from gam	-	·· <u>·····</u>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sales						
	4.	Miscellaneous Revenue	<u>e</u>	Business Code	1/1 707	1 / 1 7 7 7		
	11 a			900099	141,727. 82,627.	141,727.		-
	b			300033	02,021.	82,627.		-
	C			900099	30,353.			30,353.
	0				254,707.			30,333.
	12	Total revenue. See instructions.			55,187,996.	374,499.	0.	<311,858.>
					, , , ,	. , ,		

#### 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						
Do not include amounts reported on lines 6b (A) (B) (C)							
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations		1	g			
	and domestic governments. See Part IV, line 21	1,059,497.	1,059,497.				
2	Grants and other assistance to domestic		. ,				
_	individuals. See Part IV, line 22	923,706.	923,706.				
3	Grants and other assistance to foreign	, ,	, ,				
·	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	2,956,385.	2,956,385.				
4	Benefits paid to or for members	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5	Compensation of current officers, directors,						
3	trustees, and key employees	2,059,525.	1,087,675.	578,737.	393,113.		
6	Compensation not included above, to disqualified	2,000,020.	1,007,073.	370,737.	333,113.		
О	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	575,025.	483,622.	46,316.	45 087		
_	<b>_</b>	17,464,368.	13,244,913.	1,611,740.	45,087. 2,607,715.		
7	Other salaries and wages Pension plan accruals and contributions (include	11,404,300.	13,244,313.	1,011,740.	2,007,715.		
8	·	400 AET	201 002	12 652	61 011		
_	section 401(k) and 403(b) employer contributions)	490,457. 2,503,519.	381,993. 1,728,643.	43,653.	64,811. 372,109.		
9	Other employee benefits			402,767.	205,691.		
10	Payroll taxes	1,531,718.	1,171,519.	154,508.	200,031.		
11	Fees for services (non-employees):	600 604	224 505	07 600	250 400		
_	Management	680,694.	334,525.	87,680.	258,489.		
b	5 ·····	310,776.	273,445.	35,267.	2,064. 1,344.		
	Accounting	63,939.	7,974.	54,621.	1,344.		
d	, o F	0.662.265			2 ((2 2(5		
е	· F	2,663,365.	2 565	64 010	2,663,365.		
f	Investment management fees	68,347.	3,567.	64,218.	562.		
g	,						
	column (A) amount, list line 11g expenses on Sch O.)	585,948.	464,597.	22,014.	99,337.		
12	Advertising and promotion	6,253,878.	5,040,933.	339,691.	873,254.		
13	Office expenses	1,705,024.	1,014,084.	412,379.	278,561.		
14	Information technology	957,291.	569,574.	231,344.	156,373.		
15	Royalties						
16	Occupancy	2,192,789.	1,428,590.	326,668.	437,531.		
17	Travel	3,829,287.	3,358,073.	89,252.	381,962.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	3,069,665.	2,826,937.	65,964.	176,764.		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,006,807.	1,318,327.	292,831.	395,649.		
23	Insurance	165,962.	91,531.	45,397.	29,034.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)						
а	Resource Materials	226,832.	194,552.	22,161.	10,119.		
b	Financial Services	217,991.	11,313.	204,177.	2,501.		
С	Professional Dues	122,500.	89,134.	25,513.	7,853.		
d							
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	54,685,295.	40,065,109.	5,156,898.	9,463,288.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here X if following SOP 98-2 (ASC 958-720)	7,048,902.	5,372,242.	505,147.	1,171,513.		

Form **990** (2017)

54-1660459

## Form 990 (2017) Part X | Balance Sheet

	_	Check if Schedule O contains a response or note	e to any lin	e in this Part X			
		Chook ii Conocalo C Containo a Tooponioc of Tick	s to any in		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,554,860.	1	2,028,480.
	2	Savings and temporary cash investments			9,650,174.	2	3,436,757.
	3	Pledges and grants receivable, net			279,501.	3	
	4	Accounts receivable, net				4	88,412.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied person	s (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of secti	on 501(c)(	9) voluntary			
ţ		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			25,700.	8	24,878.
	9	Prepaid expenses and deferred charges			1,996,348.	9	1,513,369.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	30,014,413.			
	b	Less: accumulated depreciation		15,166,819.	15,704,062.	10c	14,847,594.
	11	Investments - publicly traded securities			2,127.		7,661,828.
	12	Investments - other securities. See Part IV, line 1	1		<140,209.	> 12	<128,883.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,779,282.	15	5,623,546.
	16	Total assets. Add lines 1 through 15 (must equa			34,851,845.	16	35,095,981.
	17	Accounts payable and accrued expenses			4,111,558.	17	4,443,380.
	18	Grants payable				18	
	19	Deferred revenue				19	127,005.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV of S	chedule D		21	
es	22	Loans and other payables to current and former	officers, d	irectors, trustees,			
≝		key employees, highest compensated employee	s, and disc	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X of			
		Schedule D		_	1,144,179.	25	1,124,160.
	26	Total liabilities. Add lines 17 through 25			5,255,737.	26	5,694,545.
		Organizations that follow SFAS 117 (ASC 958)		ere 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 and					
auc	27	Unrestricted net assets			27,418,939.	27	27,909,891.
Ba	28	Temporarily restricted net assets			2,177,169.	28	1,491,545.
u	29					29	
Ţ		Organizations that do not follow SFAS 117 (AS	SC 958), c	heck here ▶□□			
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or eq				31	
Éŧ	32	Retained earnings, endowment, accumulated inc			00 500 100	32	00 401 401
_	33	Total net assets or fund balances			29,596,108.	33	29,401,436.
	34	Total liabilities and net assets/fund balances			34,851,845.	34	35,095,981.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		55	,187	,996 <b>.</b>
2	Total expenses (must equal Part IX, column (A), line 25)	2		54	,685	,295.
3	Revenue less expenses. Subtract line 2 from line 1	3			502	,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29	,596	,108.
5	Net unrealized gains (losses) on investments	5			•	<677.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			<705	,316.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			8	,620.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		29	,401	,436.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Х
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	,			
	consolidated basis, or both:					
	Separate basis X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edu <b>l</b> e O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Alliance Defending Freedom 54-1660459 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Glendar year (or fiscal year beginning in)   Gle 2013   Gl) 2014   Gl 2015   Gl) 2016   Gl) 2017   Gl) Total	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants.')  2 Tax reverues levied for the organization is benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  The partin of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11,  6 Public supports droganization) included on line 1 that exceeds 2% of the amount shown on line 11,  7 Amounts from line 4  4 1, 527, 309, 46, 256, 198, 50,007, 910, 50,199, 237, 55,125, 355, 243, 118,009,  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources  3 12, 971, 343, 061, 238, 782, 24, 618, 102, 901, 1,022, 333, and income from included gain or loss from the sale of capital assets (Explain in Part VII).  1 Total support, Add lines 7 through 3  1, 059, 666, 1, 708, 631, 1, 290, 999, 876, 160, 253, 704, 5, 189, 160, 331, 1786 or more, check this box and stop here.  Section C. Computation of Public Support Percentage  4 Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14  Public support percentage from 2016 Schedule A, Part II, line 14	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any 'unusual grants.').  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total, Add lines 1 through 3.  5 The portion of total contributions by each person (offer than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support, some ima* tone load.  7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  8 Altional income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 July 2018 (Explain in Part VI).  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 980 is for the organization in first, second, third, fourth, or fifth tax year as a section 501(c)(d) organization, check this box and stop here. The organization durable support percentage form 2016 Schedule A, Part II, line 14.  14 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line 14.  15 Public support percentage form 2016 Schedule A, Part II, line	1	Gifts, grants, contributions, and						_
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ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total. Add lines 1 through 3.		include any "unusual grants.")	41,527,309.	46,258,198.	50,007,910.	50,199,237.	55,125,355.	243,118,009.
The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Soleted lines from line 4.  7 Amounts from line 4  8 Gross income from interest, dividendes, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  10 Gross receipts from related activities, etc. (see instructions)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 950 is for the organization of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  16 33 1/3% support text = 2017. If the organization of dan to check the box on line 13 is 33 1/3% or more, check this box and stop here. Explain in Part VI)  16 17 Facts-and-circumstances test - 2016. If the organization of iden to check a box on line 13 is 16a, if (fb, or 17a, and line 16 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 16 is 10% or more, and if the organization meets the "facts and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 16 is 10% or more, and if the organization meets the "facts and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 16 is 10% or more, and if the organiz	2	Tax revenues levied for the organ-						
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## Total. Add lines 1 through 3 ## Total Support ## Total Support    Calendar year (or fiscal year beginning in)	3	The value of services or facilities						
4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support Subrectime's term line 4  8 Gross income from line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Callendar year (or fiscal year beginning in)    8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (a) 312,971. 343,061. 238,782. 24,618. 102,901. 1,022,333.  9 Net income from interest dividends, payments received on securities loans, rents, royalties, and income from interest activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital asserts (Explain in Part VI.)  11 Total support. Add lines? through 10    12 Cross receipts from related activities, etc. (see instructions)    12    13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 Schedule A, Part II, line 14    15 96,95 %  15 96,95 97,95		furnished by a governmental unit to						
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by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	41,527,309.	46,258,198.	50,007,910.	50,199,237.	55,125,355.	243,118,009.
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7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support percentage from 2016 Schedule A, Part II, line 14  15 96.95 %  16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2017. If the organization qid not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization mo								
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	=		=				s

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

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

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•			•	,,,,	
800	check this box and stop here ction C. Computation of Publ						<b>P</b>
	Public support percentage for 2017 (I			ackuma (fl)		15	0/
	Public support percentage from 2016					16	<u>%</u> %
	ction D. Computation of Invest					1 10 1	70
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	Investment income percentage from 2					18	<del>//</del>
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						<b>▶</b> □
b	33 1/3% support tests - 2016. If the		-		· · ·		and
_	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	Sa		
	3b		
	3с		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	61		
	9b		
	9с		
	10-		
	10a		
	10b		
n 9	90 or 99	90-EZ	2017
		_	

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			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)			
		11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
	and brigger cupper and organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	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		
Sect	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sect</u>	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 yea(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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3а		
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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations		
1					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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			
c	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 <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater 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-functional	ly integrat	ed Type III supporting org	anization (see	
	instructions).	. •	5 0	•	

Schedule A (Form 990 or 990-EZ) 2017

Par	I v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions		, , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
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 organization	ns	
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	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<b>1</b>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
е	EAUCSS HUITZUT/			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

(See instructions.) Schedule A, Part II, Line 10, Explanation for Other Income: Miscellaneous Income 3,860. 2013 Amount: \$ 2014 Amount: \$ 212,132. 2015 Amount: \$ 65,806. 2016 Amount: \$ 285,155. 2017 Amount: \$ 29,350. Court Awarded Fees 574,537. 2013 Amount: \$ 2014 Amount: \$ 1,194,381. 2015 Amount: \$ 979,457. 2016 Amount: \$ 434,166. 2017 Amount: \$ 141,727. Honoria 2013 Amount: \$ 481,269. 2014 Amount: \$ 302,118. 2015 Amount: \$ 245,736. 2016 Amount: \$ 156,839. 2017 Amount: \$ 82,627.

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2017

Employer identification number

Alliance Defending Freedom	54-1660459				
Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ	organization				
4947(a)(1) nonexempt charite	able trust not treated as a private foundation				
527 political organization					
Form 990-PF 501(c)(3) exempt private four	ndation				
4947(a)(1) nonexempt charite	able trust treated as a private foundation				
501(c)(3) taxable private four	ndation				
Check if your organization is covered by the <b>General Rule</b> or a <b>Solution</b> Note: Only a section 501(c)(7), (8), or (10) organization can check		le. See instructions.			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF property) from any one contributor. Complete Parts I a					
Special Rules					
For an organization described in section 501(c)(3) filing sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sc any one contributor, during the year, total contributions or (ii) Form 990-EZ, line 1. Complete Parts I and II.	hedule A (Form 990 or 990-EZ), Part II, line 13, 16a,	or 16b, and that received from			
year, total contributions of more than \$1,000 exclusive	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \left\frac{1}{2} \left					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)					

Name of organization

Employer identification number

Alliance Defending Freedom 54-1660459

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIF + 4	\$ 5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$2,502,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Traine, addition, and Ell TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	INAITIC, AUGI ESS, AITU ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Alliance Defending Freedom

54-1660459

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of orga	anization			Employer identification number	
Alliance	Defending Freedom			54-1660459	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete (completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 c	wing line entry. For a	7), (8), or (10) that total more than \$1,000 for organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			- -		
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationsh	ip of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gi nd <b>ZI</b> P + 4		ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationsh	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	ft (c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gi			
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Alliance Defending Freedom

Employer identification number 54-1660459

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	ner Similar A	<b>\ssets</b> (continued)				
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant use	of its collection items				
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С										
4										
5	During the year, did the organization solicit of	r receive donations	of art, historica <b>l</b> trea	sures, or other simi <b>l</b>	ar assets					
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets no	ot included					
	on Form 990, Part X?					L Yes  No				
b	If "Yes," explain the arrangement in Part XIII	and comp <b>l</b> ete the fo	llowing table:							
						Amount				
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
	Did the organization include an amount on Fe				•	L Yes L No				
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years					
1a	Beginning of year balance	6,301,839.	6,327,294.							
b										
С	Net investment earnings, gains, and losses	estment earnings, gains, and losses 400,209. 510,977. 175,336. 57,995. 88,296								
d	Grants or scholarships	40,000.	40,000.		180,	90,000.				
е	Other expenditures for facilities									
	and programs	1 100 001	1 000 055	252 225		2,015.				
f	Administrative expenses	1,120,304.	1,228,055.		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
g	End of year balance	6,545,226.	6,301,839.		4,869,	735. 4,285,545.				
2	Provide the estimated percentage of the cur		- · · · · · · · · · · · · · · · · · · ·	a)) he <b>l</b> d as:						
a	Board designated or quasi-endowment	86.20	_%							
b	Permanent endowment   1.40	%								
С	Temporarily restricted endowment	12.40 %								
0 -	The percentages on lines 2a, 2b, and 2c sho	•	are a stanta and the fall of	and and artists to a select						
за	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	na administered for	tne organizatioi					
	by:					Yes No				
	(i) unrelated organizations									
h	(ii) related organizations	utions listed as requir								
						30   4				
	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.									
	Complete if the organization answere		) Part IV line 11a S	See Form 990 Part 3	X line 10					
	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	1	Accumulated	(d) Book value				
	Description of property	basis (investr			epreciation	(u) Dook value				
19	Land	<u> </u>	· ·	,000,000.		2,000,000.				
	LandBuildings			,564,674.	3,758,663					
	Leasehold improvements			,764,955.	2,694,851					
	Equipment			,639,970.	8,598,023					
	Other			,044,814.	115,282					
	. Add lines 1a through 1e. (Column (d) must e				<b>_</b>	14,847,594.				
- Julian	. Add in los Ta till ough Te. (Oolahiir (a) Must e	quair onn 000, r art	,, 55iaiiii (D), iiile 1	~~·/		- dud - D (Farma 000) 0047				

	Complete if the organization answered "Yes	s" on Form 990, Part IV, <b>l</b> ine	11b. See Form 990, Part X,	line 12.
	on of security or category (including name of security)			n: Cost or end-of-year market value
1) Financia	derivatives			•
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.	1		
	Complete if the organization answered "Yes	" on Form 990 Part IV line	11a Soo Form 000 Part V	line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)	(a) Decemption of invocations	(a) Book raido	(c) monioù di taradio.	o cot or or a or your marrier value
(2)				
(3)				
(4)		+		
(5)				
(6)				
(7)				
(8)				
<b>(9)</b> <b>Total</b> . (Col. (b)	) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
(9) Total. (Col. (b) Part IX	Other Assets.  Complete if the organization answered "Yes		11d. See Form 990, Part X,	line 15. (b) Book value
(9) Total. (Col. (b) Part IX	Other Assets.  Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X,	(b) Book value
(9) Total. (Col. (b) Part IX	Other Assets. Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	a 11d. See Form 990, Part X,	<b>(b)</b> Book value 337 , 738
(9) Total. (Col. (b) Part IX  (1) Secu	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3)	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4)	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	a 11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes (a	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X,	
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets.  Complete if the organization answered "Yes (a	" on Form 990, Part IV, line ) Description	e 11d. See Form 990, Part X,	<b>(b)</b> Book value 337,738
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes (a parity Deposits)  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes	on Form 990, Part IV, line Description	e 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secution (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answered "Yes (a parity Deposits  From Related Organization  Inn (b) must equal Form 990, Part X, col. (B) In Other Liabilities.	on Form 990, Part IV, line Description		(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secution (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answered "Yes (a parity Deposits)  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes	on Form 990, Part IV, line Description	e 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secu. (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Fede	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, line Description	e 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Fede (2) Defe	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Fede	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secutive (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Fede (2) Defection (3) (4)	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secution (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Fede (2) Defection (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secution (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Fede (2) Defe (3) (4) (5) (6) (6)	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secu. (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1.  (1) Fede (2) Defe (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1.  (1) Fede (2) Defe (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	on Form 990, Part IV, line Description	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808
(9) Total. (Col. (b) Part IX  (1) Secu (2) Due (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1.  (1) Fede (2) Defe (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes (a prity Deposits  From Related Organization  In (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered "Yes (a) Description of liability eral income taxes	ne 15.)	• 11e or 11f. See Form 990, F	(b) Book value  337,738  5,285,808

Part	Reconciliation of Revenue per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line 1		enue per Return.	
1	Total revenue, gains, and other support per audited financial statements		11	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·····	
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			
	XII   Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
	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		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		; Part V, line 4; Part X, line 2; Part	XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
Daret	V line A.			
Part	V, line 4:			
מ ישרו ע	Coundation, a related organization, maintains the endowment	+0		
ADF I	oundation, a related organization, maintains the endowment			
finar	ncially support Alliance Defending Freedom in achieving its			
	locally bappoin miliance belending freedom in denicting feb			
obied	ctives.			
	·			
		-		

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

**Employer identification number** 

Alliance Defending Freedom 54-1660459 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV. line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures is a program service, offices (by type) (such as, fundraising, profor and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and Grants to Recipients the Caribbean Located in Region 6,300. East Asia and the Grants to Recipients Pacific 0 Located in Region 12,600. Grants to Recipients 0 219,198. Located in Region Europe Middle East and Grants to Recipients North Africa 0 Located in Region 15,000. Grants to Recipients North America Located in Region 0 405,644. Grants to Recipients South America 0 Located in Region 114,846. Grants to Recipients 0 South Asia Located in Region 289,267. 589,825. 19 Program Services Human Rights Legal Work Europe 3 a Sub-total 19 1,652,680. **b** Total from continuation 0 1,893,531. sheets to Part I c Totals (add lines 3a 3,546,211. 19 and 3b)

Part I Continuation	n of Activitie	s per Regior	1.(Schedule F (Form 990), Part I, line 3	)	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
			Grants to Recipients		
Europe	0		Located in Region		1,893,531.
Totals					1,893,531.

Alliance Defending Freedom

Schedule F (Form 990) 2017

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash 0 0 o ö o ö o o assistance cash disbursement 15,000. Wire transfer 655,114. Wire transfer 391,707, Wire transfer 156,768. Wire transfer 373,401, Wire transfer 70,746. Wire transfer 600. Wire transfer 554,594. Wire transfer (f) Manner of of cash grant (e) Amount 19, Human Rights Legal luman Rights Legal Human Rights Legal **Juman Rights Legal** Human Rights Legal Iuman Rights Legal luman Rights Legal uman Rights Legal (d) Purpose of grant Work Work Work Work Work Work Work Work Surope (Including Surope (Including Europe (Including Europe (Including Middle East and (c) Region North America South America North Africa Greenland) South Asia 3reenland) Greenland) 3reenland) Iceland & celand & [celand & Iceland & (b) IRS code section and EIN (if applicable) (a) Name of organization

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2017

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(Form 990) Alliance Defending Freedom  Continuation of Grants and Other Assistance to Organizations  (b) IRS code section (c) Region
(c) Region
Europe (Including   Human Rights Legal   Greenland)   Work
Human Rights Legal North America Work
Human Rights Legal South Asia Work

54-1660459

Schedule F (Form 990) 2017 Alliance Defending Freedom

Schedule F (Form 990) 2017

Alliance Defending Freedom

Schedule F (Form 990) 2017

Alliance Defending Freedom

Schedule F (Form 990) 2017

Form 10 Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

								017
(h) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2017
(g) Description of noncash assistance								Sched
(f) Amount of noncash assistance	.0	.0	0.	.0	0.			
(e) Manner of cash disbursement	6,300.Wire transfer	12,600.Wire transfer	58,030.Wire transfer	12,600.Wire transfer	44,100.Wire transfer			
(d) Amount of cash grant	6,300.	12,600.	58,030.	12,600.	44,100.			
(c) Number of recipients	П	2	6	2	7			
(b) Region	Central America and the Caribbean	East Asia and the Pacific	Burope	North America	South America			
(a) Type of grant or assistance (b) Region	Scholarships	Scholarships	Scholarships	Scholarships	Scholarships			

## Schedule F (Form 990) 2017 Alliance Defending Freedom Part IV Foreign Forms

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

Schedule F (Form 990) 2017

# Schedule F (Form 990) 2017 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. Part I, Line 2: When Alliance Defending Freedom approves a grant, the funds are retained by Alliance Defending Freedom and set aside to be used exclusively in furtherance of the grant request. Distributions are made pursuant to a written invoice and report demonstrating evidence of expenses actually incurred, time actually invested in furtherance of the goals supported by the grant, and a report as to the activities performed and goals achieved. Part I, line 3: Expenditures are accounted for using the accrual method of accounting.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

compensated at least \$5,000 by the organization.

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer** identification number Alliance Defending Freedom 54-1660459 Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Masterworks, Inc 19462		Yes	No			
Powder Hill Place NE,	Direct Mail Strategy		Х	10,963,706.	2,328,244.	8,635,462.
The Hibbard Group LLC - PO	Radio Fundraising					
Box 516, Hainesport, NJ	Consulting		Х	138,915.	176,309.	<37,394.>
MDS - 545 West Juanita						
Avenue, Mesa, AZ 85210	Telemarketing		Х	93,105.	74,079.	19,026.
Active Engagement, LLC - 113	List Fundraising					
East Market St, Suite 300,	Consulting		Х	24,173.	32,634.	<8,461.>
Nextafter - 5810 Tennyson	Digital					
Parkway, Ste 102, Plano, TX	Strategy/Consulting		Х	22,647.	37,000.	<14,353.>
Dunham Company - 6111 W Plano						
Pkwy, Suite 2700, Plano, TX	International Fundraising		Х	0.	15,100.	<15,100.>
Total			<b>&gt;</b>	11,242,546.	2,663,366.	8,579,180.

Total			. ▶	11,242,546.	2,663,366.	8,579,180.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contril	outions	s or has been notified	d it is exempt from re	gistration
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,H	I,ID,IL,IN,IA,KS,KY,LA,ME,N	ID,MA,	MI,M	N,MS,MO		
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O	K,OR,PA,RI,SC,SD,TN,TX,UT,V	T,VA,	WA,W	V,WI,WY		
1114 Fay Danamusuk Dadustian Ast Nat	tion and the Instructions for Form	000 -	. 000	-7	Sala a de la O (Farra O	00 000 F7) 004

		of fundraising event contributions and gr	•	D-EZ, lines 1 and 6b. List		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue						
Вè	1	Gross receipts				
	2	Less: Contributions				
		Gross income (line 1 minus line 2)				
	Ť	arose meeme (into 1 minus into 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10					
Pa	11  rt	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)	n 990 Part IV line 19 or	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	11 330, 1 41 11 17, 111 10 13, 01	reported more triair	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(1,7 = 11.5)	bingo/progressive bingo	(1, 1 1111 )	col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	۲	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
		Net accessor in a constant of the constant of	7 for and line of a national (all)		_	
_	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>P</b>	
9	En <sup>-</sup>	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
	_					

Sch	edule G (Form 990 or 990-EZ) 2017 Alliance Defending Freedom 54-166	10459	Page 3
11	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
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	<b>Tt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b, 1	l0b, 15b,
Sch	edule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:		
(i)	Name of Fundraiser: Masterworks, Inc.		
	Address of Fundraiser: 19462 Powder Hill Place NE, Poulsbo, WA 98370		
<u>· - /</u>			
/; >	Name of Fundraiger. The Hibbard Group IIC		
	Name of Fundraiser: The Hibbard Group LLC		
<u>(i)</u>	Address of Fundraiser: PO Box 516, Hainesport, NJ 08036		
(i)	Name of Fundraiser: Active Engagement, LLC		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

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

► Attach to Form 990.

OMB No. 1545-0047	Open to Public Inspection
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► Go to www.irs.gov/Form990 for the latest information.

16. **ջ** □ Employer identification number Religious (h) Purpose of grant 54-1660459 or assistance Religious Liberty Religious Liberty Sanctity of Life X Yes amily Values, Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Family Values Family Values Liberty Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ó Ö 0 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 7,500. (d) Amount of 984 494 34,500 40,000 18,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 145, 25, (c) IRC section (if applicable) 501(c)(3) 501(c)(3) 62-1873978 **5**01(c)(3) Enter total number of other organizations listed in the line 1 table N/A N/A N/A Alliance Defending Freedom 46-2082757 47-1495965 20-8577410 59-3309465 92-0127640 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 699 Oakleaf Office Lane, Suite 107 Family and Culture - Stumberg Hall 1 (a) Name and address of organization Austin Institute for the Study of Center for Religious Expression 3206 Fairfax Walk - Austin, TX American Liberties Institute Brena, Bell & Clarkson P.C. or government Abigail Adams Institute 810 N Street Suite 100 Allied Law Group, LLC Cambridge, MA 02138 Anchorage, AK 99501 Name of the organization 14 Arrow St., G10 Seattle, WA 98133 Orlando, FL 32854 Memphis, TN 38117 P.O. Box 547503 P.O. Box 33744 Part I Part II 78705 Q

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) Alliance Defending Freedom    Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)	ding Freedom	wernments and Organ	Izations in the III	nited States (Sche	dule I (Form 990) Par		54-1660459 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charitable Allies 47 S. Meridian St. Suite 200 Indianapolis, IN 46204	35-1615544	501(c)(3)	21,525.	0.0			Sanctity of Life
Charlotte Lozier Institute 1200 New Hampshire Ave. NW, Suite Washington, DC 20036	26-4788700	501(c)(3)	.000,25	•0			Sanctity of Life
Dalton & Tomich PLC The Chrysler House 719 Griswold Street, Suite 270 - Detroit, MI 48226	27-3296840	N/A	8,140.	0.			Religious Liberty
Fidelis Center for Law and Policy P.O. Box 2709 Chicago, IL 60690	20-2787890	501(c)(3)	155,000.	0.			Sanctity of Life
Freedom of Conscience Defense Fund P.O. Box 9520 Rancho Santa Fe, CA 92067	30-0741605	501(c)(3)	.033,88	0			Religious Liberty
Georgia Adoption and Family Law Practice - 5425 Peachtree Parkway Suite 110 - Norcross, GA 30092	26-1093413	N/A	18,000.	0.			Religious Liberty
Home School Foundation One Patrick Henry Circle Purcellville, VA 20132	52-1354365	501(c)(3)	15,000.	.0			Family Values, Sancity of Life
James Hochberg, A.A.L. P.O. Box 3226 Honolulu, HI 96801	99-0338478	N/A	24,849.	.0			Religious Liberty, Sancity of Life
Kellum Law Firm 699 Oakleaf Office Lane, Suite 107 Memphis, TN 38117	62-1873978	N/A	221,360.	0			Religious Liberty, Sancity of Life
							OSS III O I) I SIMBOLIOS

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Schedule I (Form 990) Alliance Defending Freedom

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of coganization or government corporation or government corporation or government corporation or government corporation corporati	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Law Office of Nic Cocis 38975 Sky Canyon Dr., Suite 211 Murrieta, CA 92563	20-3843470	N/A	34,685.	0.		,	Sanctity of Life
Law Offices of Herbert Grey 4800 SW Griffith Drive, #320 Beaverton, OR 97005	76-0743764	N/A	91,407.	.0			Religious Liberty
Mauck & Baker, LLC One N. LaSalle Street Suite 600 Chicago, IL 60602	36-4394768	N/A	44,131.	.0			Religious Liberty, Sancity of Life
Messina Law Firm 961 Holmdel Road Holmdel, NJ 07733	22-2466492	N/A	5,499.	0.		v	Sanctity of Life
MRD Law 3301 West Clyde Place Denver, CO 80211	45-4324795	N/A	7,500.	.0			Sanctity of Life
Pennsylvania Family Institute 23 North Front Street 2nd Floor Harrisburg, PA 17101	23-2509197	501(c)(3)	62,000.	0.			Religious Liberty
Roads of Success 2896 Hacienda Drive Duarte, CA 91010	26-0809074	501(c)(3)	23,000.	0.			Religious Liberty
Scheef & Stone, LLP 2600 Network Blvd Suite 400 Frisco, TX 75034	75-2753035	N/A	7,743.	.0			Religious Liberty
Story Law Firm, LLC 438 E. Milsap Rd. Suite 103 Fayetteville, AR 72703	26-3980897	N/A	25,935.	0.			Religious Liberty
							Schedule I (Form 990)

dule I (Form 990) Alliance Defending Freedom	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
	<u> </u>

Page 1

54-1660459

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The James Otis Law Group 12977 North Forty Drive Suite 214 St. Louis, MO 63141	80-0211060	N/A	13,528.	.0			Religious Liberty
Wadleigh Starr & Peters, PLLC 95 Market Street Manchester, NH 03101	02-0504984	N/A	15,210.	0.			Religious Liberty
							Schedule I (Form 990)

54-1660459

Schedule I (Form 990) (2017) Alliance Defending Freedom

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	146	923 706	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
When the organization approves a grant, the funds are retained by ADF and	are retained	by ADF and			
set aside to be used exclusively in furtherance of the grant request.	the grant re	quest.			
Distributions are made pursuant to a written invoice	se and report				
demonstrating evidence of expenses actually incurred,	ed, time actually	a11y			
invested in furtherance of the goals supported by the grant,	che grant, and	d a report			
as to the activities performed and goals achieved.					

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Alliance Defending Freedom

Employer identification number 54-1660459

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		**
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Hogulations section E2 (IDEV E/oV)			

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title	ļ.	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denems	(a)-(i)(a)	In column (B) reported as deferred on prior Form 990
(1) Michael Farris	Ξ	382,973.	0	0	0	19,826.	402,799.	0
President, CEO, General Counsel	€	0	0	0	0	0	0	0
(2) Wayne Swindler	Ξ	244,709.	0	1,462.	10,165.	24,137.	280,473.	0
EVP Finance & Administration	€	0	0	0	0	0	0	0
(3) Tony Johnson	Ξ	146,923.	0	104.	6,027.	18,696.	171,750.	0
Chief Operating Officer	€	0	0	0	0	0	0	0
(4) Mark Crozet	Ξ	239,471.	0	0	. 663, 6	16,815.	265,879.	0
SVP of Development	€	0	0	0	0	0	0	0
(5) Jeffrey Ventrella	Ξ	206,163.	0	803	8,502,	21,209.	236,677.	0
Sr. Counsel, SVP of Training	€	0	0	0	0	0	0	0
(6) Tim Chandler	Ξ	200,206.	0	161.	8,169.	19,766.	228,302.	0
Sr. Counsel, SVP of Alliance Adv	€	0	0	0	• 0	• 0	•0	• 0
(7) Kristen Waggoner	Ξ	211,681.	0	0	8,673.	19,865.	240,219.	• 0
SVP of US Legal Division	€	0	0	0	• 0	• 0	•0	• 0
(8) Glen Lavy	Ξ	173,346.	0	1,966.	7,330.	24,641.	207,283.	0
Corporate Counsel	(ii)	• 0	• 0	• 0	•0	• 0	• 0	• 0
(9) Alan Sears	(i)	428,431.	• 0	5,425.	*008'01	101'87	472,757.	• 0
Founder	€	0	0	0	• 0	• 0	•0	
(10) Benjamin Bull	(i)	331,986.	0.	3,486.	10,800.	20,435.	366,707.	• 0
Chief Counsel/Exec Dir of ADF Int'l	Œ	0	• 0	0	• 0	• 0	• 0	• 0
(11) Douglas Napier	(i)	207,230.	• 0	447.	* 989'8	.122,122	238,384.	• 0
SVP of Alliance Relations	(ii)	• 0	• 0	• 0	•0	• 0	• 0	• 0
(12) David Cortman	<u>(i)</u>	204,497.	• 0	413.	8,433.	22,088.	235,431.	• 0
Sr. Counsel, VP of U.S. Litigation	(ii)	• 0	• 0	• 0	•0	• 0	• 0	• 0
(13) Lisa Reschetnikow	Ξ	203,217.	0	249.	• 0	16,794.	220,260.	• 0
ADF Foundation Pres/Corp Gen Couns	€	0	0	0	• 0	• 0	•0	• 0
(14) Amy Shepard	(i)	179,932.	• 0	• 0	1,512,	17,545.	.04,989.	• 0
VP of Ecumenical Relations	(ii)	• 0	• 0	• 0	•0	• 0	• 0	• 0
(15) Gary McCaleb	] (i)	184,582.	0.	2,121.	981'1	19,666	214,155.	• 0
Sr. Counsel, VP	(ii)	0.	0.	• 0	• 0	• 0	0.	• 0
	] (i)							
	(ii)							
							Schedu	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017** 

Open To Public Inspection

Name of the organization Employer identification number Alliance Defending Freedom 54-1660459 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Purpose (d) Loan to or (i) Written (b) Relationship (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (e) Purpose of (a) Name of interested person (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2017

### Schedule L (Form 990 or 990-EZ) 2017 Alliance Defending Freedom Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	between interested (c) Amount of (d) Description of organization		organiz	aring of zation's nues?
				Yes	No
Janet Bitzko, Continuous I	Family member of Al	57,426.	Compensatio		Х
Lucas Swindler, Audio Visu	Family member of Wa	21,644.	Compensatio		Х
Rebecca Sears, Media and M	Family member of Al	77,103.	Compensatio		Х
Michael Farris Jr., Legal	Family member of Mi	31,740.	Compensatio		Х
Part V Supplemental Information Provide additional information for resp	oonses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactions	Involving Interested Persons:				
(a) Name of Interested Person:					
Janet Bitzko, Continuous Improvement D	irector				
(b) Relationship Between Interested Pe	rson and Organization:				
<u>,</u>					
Family member of Alan Sears, Founder					
(d) Description of Transaction: Compen	sation				
(a) Name of Person: Lucas Swindler, Au	dio Visual Assistant				
(b) Relationship Between Interested Pe	rson and Organization:				
Family member of Wayne Swindler, EVP F	inance and Administration				
(d) Description of Transaction: Compen	sation				
.,,					
(a) Name of Interested Person:					
Rebecca Sears, Media and Marketing Str	ategist				
(b) Relationship Between Interested Pe					
(a) norderensity booken interested to	The transfer of the second sec				
Family member of Alan Sears, Founder					
(d) Description of Transaction: Compen	sation				
(a) Name of Person: Michael Farris Jr.	, Legal Content Manager				
(b) Relationship Between Interested Pe	rson and Organization:				

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Alliance Defending Freedom

Employer identification number 54-1660459

Pa	rt I Types of Property	, 110000111			31 10001		
Га	Tri Types of Froperty	(-)	1 (1-)	(-)	1-1\		
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d)  Method of deterr  noncash contributior		ts
	A 1 M/a 1 a a 6 a 1		items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	Х	2	472.	Proceeds from proce	ssor	
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	102	2,159,030.	Stock Market Quotes		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17							
	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions			
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29		0	
						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for		
	exempt purposes for the entire holding period	?			30	а	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions? 3	1 X	
	Does the organization hire or use third parties	•	•	•		-	
u			_			a X	
h	If "Yes," describe in Part II.						
	•	oolumn (a) fa	ur a tupo of avocat	v for which column (a) is she	ocked		
33	If the organization didn't report an amount in o	Joiumin (C) TC	ı a type ol propert	y for which column (a) is che	toneu,		
	describe in Part II.						

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

Schedule M (Form 990) 2017

Part II	<b>Supplemental Information.</b> 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):
The numb	er of contributions represent the number of contributions
received	, not the number of items donated.
Schedule	M, Line 32b:
	occastionally accepts gifts of tangible items on the
	tion's behalf. They dispose of the items and pass the proceeds
	e organization.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Alliance Defending Freedom

Employer identification number 54 - 1660459

Form 990, Part III, Line 4a, Program Service Accomplishments:
nine Supreme Court victories in the past seven years.
ADF works with over 1,000 allied organizations to create effective
strategies for establishing critical legal precedents to preserve
religious liberty in state courts, federal courts, and the Supreme
Court, as well as international courts and governing bodies including
the European Court of Human Rights and The United Nations.
ADF serves our network of allies by providing training, coordination,
funding, legal expertise, and litigation services in support of our
allied attorneys, church and parachurch organization leaders,
legislators and legislative staff members, business leaders, clients,
student leaders, and other key allies.
Form 990, Part III, Line 4b, Program Service Accomplishments:
leaders, and media leaders are invited to participate in world-class
training, strategy, and networking sessions around the world. More than
2,042 U.S. and international attorneys have completed the ADF Religious
Liberty Summit Training, and 3,226 ADF allied attorneys have
volunteered pro bono legal advocacy services to local and international
communities valued at over \$212 million. This amount is far in excess
of the cost of the program. Most U.S. state bars accept accreditation
for portions of the legal advocacy training with Continuing Legal
Education credit.

Name of the organization  Alliance Defending Freedom	Employer identification number 54-1660459
Through the Blackstone Legal Fellowship, ADF provides training to top	
Christian law students from around the world on natural law,	
constitutional jurisprudence, and the history of religious liberty -	
subjects that currently suffer much neglect in prominent law programs	
across the United States and internationally. The Blackstone Legal	
Fellowship equips these students to adhere to the practice of their	
faith in the legal profession, an arena often hostile to Christianity.	
The program consists of courses taught by prominent lecturers,	
internships around the world with some of ADF's most influential allied	
partners, and professional career placement services. To date, 2,122	
students have graduated from the Blackstone Legal Fellowship,	
representing 227 law schools.	
ADF offers a similar training through the Arete Academy to college and	
university students who seek to live out their faith in the fields of	
law, government, public policy, and business. To date, more than 800	
students from top colleges and universities worldwide have participated	
in Arete Academy, many of whom go on to attend the Blackstone Legal	
Fellowship during law school. The Academy equips students with	
character, competence, and credentials to excel in their chosen field.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
U.S. and international challenges to religious freedom, the sanctity of	
life, and family values; and how and where civil liberties have been	
jeopardized or thwarted and the efforts of ADF and its allies to	
reclaim those freedoms. ADF public education efforts also serve to	
recruit potential allies and to highlight the advocacy work of the	
alliance in order to position ourselves to serve as the first line of	Schedule 0 (Form 990 or 990-E7) (2017)

Name of the organization  Alliance Defending Freedom	Employer identification number 54-1660459
defense for individuals and organizations whose religious freedom is at	
risk.	
ADF also requests that the recipients of these educational	
communications remember its activities in prayer and provides	
information and details to assist them in intentional and purposeful	
prayer.	
Form 990, Part III, Line 4d, Other Program Services:	
Grants and Funding: ADF provides grant funding for legal cases and	
programs that keep the door open for the Gospel by advocating for	
religious liberty, the sanctity of life, and marriage and family. This	
grant funding covers expenses for litigation, including training for	
expert witnesses and acquiring strong amicus brief support for our	
cases to ensure the best possibility of success. Grant requests are	
reviewed and recommended by an independent grants and review committee,	
which is comprised of expert volunteer attorneys. Under the governing	
Board of Director's policy, no grant is awarded until it is fully	
funded and set aside in self-designated accounts. Grants are disbursed	
upon performance and in accordance with the terms of the grant	
agreements. As of this writing, ADF has issued more than 3,200 grants	
totaling over \$48 million.	
Expenses \$ 3,071,860. including grants of \$ 1,747,244. Revenue \$ 0.	
Form 990, Part V, Line 4b, List of Foreign Countries:	
Austria, Cayman Islands, Belgium, Switzerland,	
France, United Kingdom	

Name of the organization  Alliance Defending Freedom	Employer identification number 54-1660459
Form 990, Part VI, Section A, line 8b:	
The organization does not have any committees that have authority to act on	
behalf of the governing body.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is prepared by an independent CPA firm. Upon completion, the	
organization's Finance Team reviews the Form 990 through the following	
process:	
1) The CFO and Controller compare the Form 990 to the annual corporate	
audit and internal financial reports. The CEO then reads the Form 990 for	
content and clarity.	
2) The CFO assigns the Controller and his team to review content, check	
math totals, and check spelling.	_
3) Following the above review, the Form 990 is distributed to:	
A. CEO	
B. Chairman of the Finance and Audit Committee (FAC) which is responsible	
for oversight of finance, audit, and tax matters.	
C. The Chair of the FAC ensures committee members review the Form 990 for	
material edits and compliance.	
D. Upon acceptance and approval, the Chairman of the FAC then instructs the	
CFO to sign and file the 990, and post it on the Board website so the full	
Board can view the 990. Based on the FAC's recommendation, the Board	
approves and accepts the 990 at the next regularly scheduled Board meeting.	

Name of the organization  Alliance Defending Freedom	Employer identification number 54-1660459
	01 1000105
5) Following the above, the CFO signs and instructs the Form 990 to be	
filed with the IRS.	
6) Upon filing with the IRS, ADF's Form 990 is available for public	
inspection and distribution to the state governing bodies, foundations, and	
other requesting entities.	
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest policy covers any Director, Principal Officer, or	
member of a committee with governing board delegating powers, who has a	
direct or indirect financial interest. The organization also conducts	
periodic reviews to ensure operations are consistent with its charitable	
purposes.	
Directors shall report possible conflicts of interest to the Chairman of	
the Board of Directors prior to any action on the transaction by the	
organization. Upon report of a possible conflict, the Board of Directors	
shall conduct an investigation and determine whether a conflict of interest	
does exist and whether it is substantial. If the Board determines that a	
substantial conflict of interest exists, the interested individual shall	
not vote on the transaction presenting the conflict. The interested	
individual may vote only if the Board determines that no conflict exists or	
the conflict is not substantial. No investigation or determination by the	
Board shall be required if the interested individual voluntarily agrees to	
refrain from voting on the transaction presenting the potential conflict of	
interest. The interested individual may be counted in determining the	
presence of a quorum. The remaining Board or committee members shall decide	

Name of the organization  Alliance Defending Freedom	Employer identification number 54-1660459
if a conflict of interest exists.	
The minutes of the governing Board and all committees with Board delegated	
powers shall contain:	
A. The names of the persons who disclosed or otherwise were found to have a	
financial interest in connection with an actual or possible conflict of	
interest, the nature of the financial interest, any action taken to	
determine whether a conflict of interest was present, and the governing	
Board's or Committee's decision as to whether a conflict of interest in	
fact existed.	
B. The names of the persons who were present for discussions and votes	
relating to the transaction or arrangement, the content of the discussion,	
including any alternatives to the proposed transaction or arrangement, and	
a record of any votes taken in connection with the proceeding.	
Form 990, Part VI, Section B, Line 15:	
Alliance Defending Freedom maintains a compensation system. CEO	
compensation is set by the organization's independent Board, and the CEO's	
compensation is in accordance with the ADF compensation system. Job	
descriptions are evaluated against independent market sources and	
compensation data as provided by independent third party resource	
providers. The management compensation committee approves position grades	
and pay ranges of all other positions. Annually, ADF also prepares	
compensation data for the Board's Finance and Audit Committee in accordance	
with the IRS recommended "rebuttable presumption of reasonableness" process	
to substantiate the compensation of ADF key employees. The FAC reviews and	

Name of the organization  Alliance Defending Freedom	Employer identification number 54-1660459
approves key employee compensation once a year.	
The ADF Comp Team (comprised of the CFO, COO, and Director of HR) review	
benchmark data provided by Payscale, Mercer, and other compensation	
resources to determine the appropriate compensation for all positions in	
accordance with the ADF compensation philosophy. Compensation above the	
60th percentile but less than the 75th percentile of a pay grade requires	
that the CEO be informed; at or above the 75th percentile requires CEO	
approval; and above the maximum of the grade requires Board approval.	
Discussions, decisions, and approvals are recorded in writing, typically	
via e-mail. This compensation review process last occurred in 2017.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NY,OK,OR,PA,RI,SC,TN,UT	
VA,WI,WV,NM	
Form 990, Part VI, Section C, Line 19:	
The organization's audited financial statements and Form 990 are available	
on its website. Governing documents and conflict of interest policy are	
available to the public upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Gain on foreign currency translation 8,620.	
Form 990, Part XII, Line 2c:	
The organization has a committee that assumes responsibility for	
oversight of the audit of its financial statements and selection of its	
independent accountant. This process has not changed since the prior	Schedule () (Form 990 or 990-E7) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Alliance Defending Freedom	Employer identification number 54-1660459
year.	

# SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Alliance Defending Freedom

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 54-1660459

Direct controlling 11iance Defending Alliance Defending 11,487,081. Freedom 255,164. Freedom End-of-year assets **e** 34,166, 197,820 Total income ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Austria \rizona Human rights legal work Primary activity Own real property GMBH, GMBH, 1010 Wien, Landesgerichtsstrabe ADF International Austria gemeninnutzige Name, address, and EIN (if applicable) of disregarded entity 15100 LLC - 54-1660459 18/10, Vienna, AUSTRIA Scottsdale, AZ 85260 .5100 N 90th Street Part I

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a)	(q)	(၁)	(p)	(e)	(±)	(6)	(1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ling	section 3 12(b)(13) controlled	(c) (a) ed
of related organization		foreign country)	section	status (if section		entity?	5
				501(c)(3))		Yes	<mark>۷</mark>
ADF Foundation - 86-1158500							
15100 N 90th Street				2	Alliance		
Scottsdale, AZ 85260	Public benefit corporation Arizona	Arizona	501(c)(3)	Line 7	Defending Freedom		×

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

3	General or Percentage managing ownership partner?  Yes No							
-	ত <u>১</u> ত <u>৫</u>							
9	General or managing partner?					_		
	<u>8 E a S</u>					_		
(5)	Coc amou 20 of K-1 (F							
	oortionate ations?							
æ	Disproportionate allocations?  Yes No							
(a)	Share of end-of-year assets							
(t)	Share of total income							
(e)	Direct controlling Predominant income entity (related, unrelated, excluded from tax under sections 512-514)							
(p)	Direct controlling entity							
(2)	Legal domicile (state or foreign country)							
(q)	Primary activity							
(a)	Name, address, and EIN of related organization							

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)
Own and operate
energy project
Human rights
works
Human rights
works
Human rights
works
Human rights
works

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Λį			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10	Х	
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				<b>#</b>		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				ij.		×
				1j		×
						;
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related orga	related organization(s)			111		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n	X	
o Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses				1р	×	
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	×	
<ul> <li>r Other transfer of cash or property to related organization(s)</li> </ul>				÷	×	
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) ADF Foundation	٥	0.				
(2) ADF Foundation	N	0.				
(3) ADF Foundation	0	0.				
(4) ADF Foundation	Ċı	0.				
(5) ADF Foundation	8	0.				
(6) ADF Foundation	짪	0				
732163 09-11-17			Schedule R (Form 990) 2017	R (Form	066	2017

Alliance Defending Freedom

54-1660459

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) 15100 Solar LLC	õ	• 0	
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

54-1660459

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

96 .d.			I	 		<u>=</u>
(k) Percentaç ownershi					Schedule 8 (Form 990) 2017	990) 20
General or F managing partner?					<u> </u>	<u>=</u> 5
Gen Gen par Yes						ב ט
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					Lbed2X	OCHEGA
Disproportionate allocations?						
Dist alloc						
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec. 501(c)(3) orgs.? Yes No						
ne par jder 5						
Predominant income (related, unrelated, excluded from tax under sections 512-514)						
sign e						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(b) nary a						
Pri						
			<u> </u>			
(a) Name, address, and EIN of entity						
(a) Idress, f entit)						
ne, ad						
Nar						
•		 	 		 · · · · ·	

### Form **8858**

(Rev. December 2013) Department of the Treasury Internal Revenue Service

#### Information Return of U.S. Persons With Respect To Foreign Disregarded Entities

▶ Information about Form 8858 and its separate instructions is at www.irs.gov/form8858.

Information furnished for the foreign disregarded entity's annual accounting period (see instructions) beginning  $\tt JUL 1$ , 2017, and ending  $\tt JUN 30$ , 2018

OMB No. 1545-1910

Attachment Sequence No. **140** 

Name of pe	erson filing this return	·	-		Filer's identi	fying number
Allianc	e Defending Freedom				54-16604	.59
Number, st	reet, and room or suite no. (or P.O. box number if mail is not de	livered to stree	et address)			
	orth 90th Street		,			
City or tow	n, state, and ZIP code					
Scottsd	ale, AZ 85260					
Fi <b>l</b> er's tax y	rear beginning JUL 1 , 20 17 , and ending	JUN 30	,20 18			
Important:	Fill in all applicable lines and schedules. All information must be	in English. Al	amounts <b>must</b> be stat	ed in U.S. dollars	unless other	wise indicated.
	and address of foreign disregarded entity			b(1) U.S. identi		
ADF Int	Austria gemeninnutzige GMBH			98-1429231		
1010 Wi	en, Landesgerichtsstrabe 18					
Vienna				<b>b(2)</b> Reference	ID number (	see instructions)
AUSTRIA				4804440020	ADF001	
c Counti	ry(ies) under whose laws organized and entity type under local ta	ax law		d Date(s) of or	ganization	e Effective date as foreign
AUSTRIA		oration		10 20 1	-	disregarded entity
	_					10/20/16
f If bene	efits under a U.S. tax treaty were claimed with respect to income foreign disregarded entity, enter the treaty and article number		in which principal activity is conducted	h Principal bus activity	siness	i Functional currency
				Legal advoc	acv	
		Austria			_	E.U., Euro
2 Provid	e the following information for the foreign disregarded entity's a	ccountina per	iod stated above.	ı	I	· · · · ·
	address, and identifying number of branch office or agent (if an States	y) in the	b Name and address (ir of the books and records, if differe alliance Defend 15100 N 90th St Scottsdale, AZ	ords of the foreign di nt ing Freedom	epartment, if ap sregarded entity	plicable) of person(s) with custody, and the location of such books
3 For the	e tax owner of the foreign disregarded entity (if different from the	e fi <b>l</b> er) provide	the following:			
	and address	, mor ) provido	<b>b</b> Annual accounting	g period covered I	by the return	(see instructions)
			c(1) U.S. identifying	number, if any		
			c(2) Reference ID nu	ımber (see instru	ctions)	
			<b>d</b> Country under wh	ose laws organize	ed <b>e</b> Func	tional currency
4 For the	e <b>direct owner</b> of the foreign disregarded entity (if different from	the tax owner	provide the following:			
	and address		<b>b</b> Country under wh		ed	
			c U.S. identifying nu	ımber, if any	<b>d</b> Func	tional currency
	an organizational chart that identifies the name, placement, percentage of ov and the foreign disregarded entity, and the chain of ownership between the f					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 12-2013)

indirect interest. See instructions.

ori	m 8858 (Rev. 12-2013)				Page 2
	chedule C Income Statement (see instructions)				
cur	ortant: Report all information in functional currency in accordance with U.S. GAAP. Also, report or rency (using GAAP translation rules or the average exchange rate determined under section 985 applete only the U.S. Dollars column. See instructions for special rules for foreign disregarded en ou are using the average exchange rate (determined under section 989(b)), check the following by	9(b)). tities	If the functional currency	/ is the U.S	. dollar,
<i>1</i> y	are using the average exchange rate (determined under section 505(b)), effect the following t	T I	Functional Currency		Dollars
1	Gross receipts or sales (net of returns and allowances)	1	165,801.	0.3.1	197,820.
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3	165,801.		197,820.
4	Other income	4	100,001.		237,020.
5	Total income (add lines 3 and 4)	5	165,801.		197,820.
6	Total deductions	6	494,357.		589,825.
7	Other adjustments	7			
8	Net income (loss) per books	8	<328,556.	>	<392,005.
_	chedule C-1 Section 987 Gain or Loss Information		, ,		
			(a)		(b)
	Note. See the instructions if there are multiple recipients of remittances		Amount stated in functional currency of		t stated in al currency
	from the foreign disregarded entity.		foreign disregarded entity		cipient
1	Remittances from the foreign disregarded entity	1			
	Section 987 gain (loss) of recipient	2			
				Yes	No
3	Were all remittances from the foreign disregarded entity treated as made to the direct owner?		ľ		
4	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittance				
	entity during the tax year?				
S	Schedule F Balance Sheet				•
	portant: Report all amounts in U.S. dollars computed in functional currency and translated into Lee instructions for an exception for foreign disregarded entities that use DASTM.	J.S. c	Iollars in accordance with	ı U.S. GAA	P.
	Assets		(a) Beginning of annual accounting period	End of	b) annual
	Cook and other current accets	1	124,688.	accounti	ng period 40 , 536.
1	Cash and other current assets	2	248,095.		214,628.
2	Other assets	3	372,783.		255,164.
J	Total assets	3	372,703.		255,104.
	Liabilities and Owner's Equity				
4	Liabilities	4	0.		117,262.
5	Owner's equity	5	372,783.		137,902.
6	Total liabilities and owner's equity	6	372,783.		255,164.
S	Schedule G Other Information		<u> </u>		<u> </u>
				Yes	No
1	During the tax year, did the foreign disregarded entity own an interest in any trust?		İ		Х
2	During the tax year, did the foreign disregarded entity own at least a 10% interest, directly or indirectly, in				Х
3	Answer the following question only if the foreign disregarded entity made its election to be tree				
-	its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the foreign		•		
	result of the election?				х

If the interest in the foreign disregarded entity is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under reg. 1.1503(d)-1(b)(4)(ii) does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

If "Yes," enter the amount of the dual consolidated loss ▶ \$

Form **8858** (Rev. 12-2013)

Answer question 5a.

N/A

Form 8858 (Rev. 12-2013) Page **3** 

S	chedule G	Other Information (continued)				
	•			Yes	No	,
5a	a Was any portion o	of the dual consolidated loss in question 4 taken into account in computing consolidated taxable income for the				
	year? If "Yes," go	to 5b. If "No," skip 5b and 5c				
b	Was this permitte	d domestic use of the dual consolidated loss under Reg. 1.1503(d)-6? If "Yes," see instructions and skip 5c.				
	If "No," go to 5c					
(	If this was not a p under Reg. 1.503	ermitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided (d)-4?				
	If "Yes," enter the	separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the				
	beginning of the t	ax year 🕨 \$ See Instructions.				
6		r, did the foreign disregarded entity pay or accrue any foreign tax that was disqualified for credit under				
	section 901(m)?				Х	
7	7 During the tax yea	r, did the foreign disregarded entity pay or accrue foreign taxes to which section 909 applies, or treat foreign				
	taxes that were pr	eviously suspended under section 909 as no longer suspended?			Х	
8	3 Answer the follo	wing question only if the tax owner of the foreign disregarded entity is a controlled foreign corporation	on			
	(CFC): Were ther	e any intracompany transactions between the foreign disregarded entity and the CFC or any other branch of the				
	CFC during the ta	x year, in which the foreign disregarded entity acted as a manufacturing, selling, or purchasing branch?				
S	chedule H	Current Earnings and Profits or Taxable Income (see instructions)				
lm	portant: Enter the	amounts on lines 1 through 6 in functional currency.				
1	Current year net i	ncome or (loss) per foreign books of account	. 1		<328,	556 <u>.</u> >
2	Total net addition	3	. 2			
3		ions				
4	Current earnings	and profits (or taxable income see instructions) (line 1 plus line 2 minus line 3)	. 4		<328,	556 <u>.</u> >
5	DASTM gain or <b>l</b> o	ss (if applicable)	. 5			
6	Combine lines 4 a				<328,	556.>
7	Current earnings	and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under				
	section 989(b) an	d the related regulations (see instructions))	. 7		<392,	005.>
	Enter exchange ra	te used for line 7 ▶ .838100	)			

Form **8858** (Rev. 12-2013)

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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

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

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

must u	se Form 7004 to request an extension of time to fi <b>l</b> e incom	e tax retu	ns.			
				Enter file	er's identifying	number
Туре с	Name of exempt organization or other filer, see instru	ctions.		Employer	identification i	number (EIN) or
print						
Fi <b>l</b> e by th	Alliance Defending Freedom				54-1660459	<del></del>
due date filing you	for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number	(SSN)
return. Se	ee 13100 Notch 30ch Beleec					
instructio	only, town or poor onloo, state, and 211 coder of a re	oreign add	ress, see instructions.			
Entor t	Scottsdale, AZ 85260 he Return Code for the return that this application is for (file	o o coporo	ato application for each return)			0 1
						·····
Applic Is For	ation	Return Code	Application Is For			Return Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	,	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	Wayne Swindler					
	books are in the care of $\blacktriangleright$ 15100 North 90th Street	et - Sco	ttsdale, AZ 85260			
Tele	phone No. > 480-444-0020		Fax No.			
	e organization does not have an office or place of busines					▶ Ш
	is is for a Group Return, enter the organization's four digit	1				
box 🕨			ch a list with the names and EINs of			
	request an automatic 6-month extension of time until			the exem	pt organizatior	n return
f	or the organization named above. The extension is for the	organizati	on's return for:			
	N					
ľ	➤ calendar year or ➤ X tax year beginning JUL 1, 2017	an	d ending JUN 30, 2018			
	f the tax year entered in line 1 is for less than 12 months, c			Final retur	·	
2 1	Change in accounting period	HECK ICAS	on. Inda retum III	ı ınaı retur	11	
3a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069	enter the tentative tax less any			
	nonrefundable credits. See instructions.	, c. cccc,		3a	\$	0.
_	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
e	estimated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
k	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.
O	and the contract of the contra	(al:a a 4 al a	L:1\:1L 1L:2 F2 0000 222 F2	4F0 FO	L E 0070 [	-O fa

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2017)