PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-91-00

Form **990** 

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

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

Do not enter social security numbers on this form as it may be made public.

■ 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.

2018
Open to Public Inspection

OMB No. 1545-0047

A F	or th	e 2018 calendar year, or tax year beginning and	ending		
<b>B</b> (	Check if applicab	C Name of organization  LAMBDA LEGAL DEFENSE & EDUCATION FUND,		D Employer identifie	cation number
	Addre	inc.			
	Name chang	Doing business as		23-7	395681
	Initial return Final return	120 WAT.T. STREET 19TH ET.OOR	Room/suite	E Telephone number 212-	, 809-8585
	termir ated			G Gross receipts \$	35,872,474.
Г	Amen	ded NEW YORK NY 10005_3004		H(a) Is this a group re	
$\overline{\Box}$	Application		)S	for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) o	or 527	` '	list. (see instructions)
		te: NWW.LAMBDALEGAL.ORG	<u> </u>	H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: NY
Pa	art I	Summary	<b>=</b> 10a1	or formation, — = 1 = 1	- Ciato or logar dormono,
	1	Briefly describe the organization's mission or most significant activities: THE 1	LAMBDA	LEGAL DEFEN	NSE AND
ဗ္ပ	'	EDUCATION FUND, INC. ("LAMBDA LEGAL") IS			
Jan	2	Check this box if the organization discontinued its operations or dispose			
Governance	3	- · · · · · · · · · · · · · · · · · · ·		1 1	27
é	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
					144
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			27
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			54,524.
	D	Net unrelated business taxable income from Form 990-T, line 38			
		Contributions and avents (Dort VIII line 4 ls)		Prior Year 4,893,667.	Current Year 16,771,050.
ne	8	Contributions and grants (Part VIII, line 1h)		0.	94,517.
/en	9	Program service revenue (Part VIII, line 2g)		121,209.	834,125.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. F 014 976	-347,753.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,014,876.	17,351,939.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	11 400 670
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,284,241.	11,489,670.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		40,813.	229,185.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25)   4,238,03		1 040 505	E 024 451
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,048,725.	7,034,451.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,373,779.	18,753,306.
	19	Revenue less expenses. Subtract line 18 from line 12		1,641,097.	-1,401,367.
Assets or			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		21,665,093.	18,566,771.
NetA	21	Total liabilities (Part X, line 26)		3,061,117.	3,082,957.
	22	Net assets or fund balances. Subtract line 21 from line 20		18,603,976.	15,483,814.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig		' · · ·	00000		
Her	е	CHARLES SILVA FIELDS, CHIEF OPERATING Type or print name and title	OFFICE	iR	
		, , ,	Ir	Noto In F	DTIN
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Paid			SKNIA   1	0/02/19 self-employ	
	parer	Firm's name MARKS PANETH LLP		Firm's EIN ▶	11-3518842
Use	Only	Firm's address 685 THIRD AVENUE		, ,	10\502 0000
		NEW YORK, NY 10017		Phone no. (2	12)503-8800
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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

(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \rightarrow \frac{11,959,832.}{\text{}}

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# Form 990 (2018) INC . 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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			X
	Schedule D, Parts XI and XII	12a		Α.
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> 44		+
	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			
	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	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2018) INC .
Part IV Checklist of Required Schedules (continued) 23-7395681 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
		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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
~~	complete Schedule L, Part II	26		_^
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	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. 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	1

#### Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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 X to file Form 8282? 7с **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? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 X Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

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INC. Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27			
	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			
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
	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		<b></b>	
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AR, AZ, CA, CO, CT, FL, GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	CHARLES FIELDS - 212-809-8585			
	120 WALL STREET, 19TH FLOOR, NEW YORK, NY 10005-3919			

#### 23-7395681 Form 990 (2018) 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.

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

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

Check this box if neither the organizati (A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		er an	u a u	recio	r/trus	iee)	from	from related	other
	(list any hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (	stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lns	0#i	Key	e Fig	For			
(1) ANDREW MITCHELL-NAMDAR	5.00									
DIRECTOR	25 00	Х						0.	0.	0.
(2) ANNE KROOK	25.00	3,7		37					0	
CHAIR  (2) NIVERED GERRONE	F 00	Х		Х				0.	0.	0.
(3) ANNETTE CERBONE	5.00	3,7							0	
DIRECTOR MANUEL	F 00	Х						0.	0.	0.
(4) CAROL MEYER	5.00	Х							0.	
DIRECTOR (5) DANIEL SLAUGHTER	5.00	Λ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(6) DANIELLE PIERGALLINI	5.00	Λ						· ·	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(7) DAVID DEFIGUEIREDO	6.00							•	0.	<u> </u>
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(8) DAVID TSAI	5.00							•		
DIRECTOR	3777	Х						0.	0.	0.
(9) ERIC JOHNSON	5.00								•	
DIRECTOR		Х						0.	0.	0.
(10) HOLLY THOMAS	5.00									
DIRECTOR (OUTGOING)		Х						0.	0.	0.
(11) JOHN RICHARDS	5.00									
DIRECTOR (OUTGOING)		Х						0.	0.	0.
(12) JOHN STAFSTROM	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) JORDAN HEINZ	5.00									
DIRECTOR		Х						0.	0.	0.
(14) KATRINA QUICKER	5.00									
DIRECTOR		Х						0.	0.	0.
(15) KENNETH WEISSENBERG	5.00									
DIRECTOR		Х						0.	0.	0.
(16) LAURA MAECHTLEN	5.00									
DIRECTOR		Х						0.	0.	0.
(17) LAUREN MUTTI	5.00							_	_	_
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2018

(A)  Name and title	(B) Average			(C Pos	C) itior	1		(D) Reportable	(E) Reportable		F	(F)	ad.
Name and the	hours per	box	, unles	ss per	rson i	than of the the than of the the than of the the than of the the than of the the than of the theorem.	n an	compensation	compensatio	on	l	nount	
	week (list any					T		from the	from related organization		com	other pensa	ition
	hours for	Individual trustee or director	9			ited		organization	(W-2/1099-MIS		fr	om th	е
	related organizations	ustee (	truste		9	beusa		(W-2/1099-MISC)			ı ~	anizat d relat	
	below	dual tr	Institutional trustee	_	Key employee	Highest compensated employee	- in				l	u reiai anizati	
	line)	Indivi	Instit	Officer	Кеу е	Highe emplo	Former				Ŭ		
(18) LAWRENCE TRACHTENBERG	5.00												
DIRECTOR	F 00	Х				_		0.		0.			0.
(19) MICHELLE WAITES DIRECTOR	5.00	х						0.		0.			0.
(20) PATRICK S. MENASCO	5.00	Λ						0.		0.			0.
DIRECTOR	3.00	Х						0.		0.			0.
(21) RACHEL GOLDBERG	5.00	25								<u> </u>			<u> </u>
TREASURER		х		х				0.		0.			0.
(22) ROBERTA CONROY	5.00												-
DIRECTOR		Х						0.		0.			0.
(23) RODERICK HAWKINS	5.00												
DIRECTOR		Х						0.		0.			0.
(24) SHERI BONSTELLE	5.00	1											
DIRECTOR	<b>5</b> 00	Х						0.		0.			0.
(25) STEVE WINTERS	5.00	<b>.,</b>		37									^
CO-CHAIR (OUTGOING) (26) TODD SEARS	5.00	Х		Х		$\vdash$		0.		0.			0.
DIRECTOR	3.00	х						0.		0.			0.
41- 0-1-1-1		-			<u> </u>	<u> </u>		0.		0.			0.
c Total from continuation sheets to Part VI								1,646,704.		0.	29	8,2	_
d Total (add lines 1b and 1c)								1,646,704.		0.		8,2	
2 Total number of individuals (including but no							o re		000 of reportable	 >			
compensation from the organization													8
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,													
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											5		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	piete Scriedule	<del>2</del> J /	or st	ich <u>t</u>	bers	OH .			• • • • • • • • • • • • • • • • • • • •				
Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fro	om	
the organization. Report compensation for t	•	•											
(A)								(B)			(0		
Name and business	address							Description of s			ompe	nsatio	n
RISING TIDE DIRECT	0		٠.				- 1	MEMBERSHIP &	-		4.0		- 0
233 NEEDHAM STREET, NEWTO	N, MA U	24	64					MAIL CONSULT:	ING		12	0,8	50.
							$\dashv$						
2 Total number of independent contractors (in	ncludina but no	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				

Form 990 INC. 23-7395681

li (li ho re orga	(B) verage hours per week ist any ours for elated	(cł	ı	c, an (C Posit all th	<b>;)</b> tion			Compensated Employe (D) Reportable	ees (continued) (E) Reportable	(F) Estimated
Name and title	verage hours per week ist any ours for elated	Ì		Posit	tion	appl	۸			
li (li ho re orga	hours per week ist any ours for elated	Ì				appl		Reportable	Reportable	
(li ho re orga	per week ist any ours for related	Ì	neck	all th	hat a	annl				
(li ho re orga	week ist any ours for elated	or				~P P .	y)	compensation	compensation	amount of
(li ho re orga	ist any ours for elated	or						from	from related	other
ho re orga	ours for elated					oloyee		the	organizations	compensation
re orga	elated	direct				demp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
orga		e or (	stee			nsateo		(***27 1099*181130)		and related
ا ا	anizations	trust	ıal tru		)yee	эшре				organizations
'	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) TRACEY WALLACE	5.00									
CO-CHAIR (OUTGOING)		Х		Х				0.	0.	0 .
(28) TRAYTON DAVIS	5.00									
DIRECTOR		Х						0.	0.	0.
	6.00							_	_	
SECRETARY		Х		Х				0.	0.	0.
<del></del>	5.00								_	_
DIRECTOR (OUTGOING)		Х			$\dashv$			0.	0.	0.
	5.00							0	•	•
DIRECTOR	F 00	Х		_	$\dashv$	_		0.	0.	0.
	5.00	37						0	0	0
DIRECTOR A	0 00	Х		_	$\dashv$	_		0.	0.	0 .
	0.00			<b>.</b> ,				140 670	0	27 140
COO (34) RACHEL B. TIVEN 4	0.00			Х	-			149,672.	0.	37,140.
CEO (OUTGOING)	0.00			х				308,630.	0.	53,178
	0.00			^	$\dashv$			300,030.	0.	33,170
ICEO	0.00			x				81,750.	0.	0.
	0.00				$\dashv$			01,730.	•	<u> </u>
cso					$_{\rm x}$			233,384.	0.	29,421
	0.00				_			200,0010		
DIRECTOR OF CONSITUTIONAL LITIGATION						х		184,198.	0.	52,550.
(38) DOROTHEE BENZ 4	0.00								<u> </u>	
CHIEF COMMUNICATIONS OFFICER						Х		211,399.	0.	46,430.
(39) JENNIFER PIZER 4	0.00							,		•
DIRECTOR OF LAW & POLICY						Х		169,258.	0.	29,208
(40) NATALIE BLEDMAN 4	0.00							-		-
DIRECTOR OF ADMINISTRATION						X		169,248.	0.	21,969.
(41) WILLARD DUMAS 4	0.00									
DIRECTOR OF LEADERSHIP GIFTS						Х		139,165.	0.	28,325
				_	$\rightarrow$					
				_	$\dashv$	_				
<u> </u>										
				_	$\dashv$					
<u> </u>										
					[					
Total to Part VII, Section A, line 1c								1,646,704.		298,221.

INC. Form 990 (2018) INC .
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
				,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
Ω, E	c	Fundraising events	1c	4,074,678.				
ar fis	c		1 1					
s, G	e							
ion	f	All other contributions, gifts, grant	s, and					
but		similar amounts not included abov	/e <b>1f</b>	12,696,372.				
d d	g	Noncash contributions included in lines 1	a-1f: \$	602,853.				
a C	h	Total. Add lines 1a-1f		<b>&gt;</b>	16,771,050.			
				Business Code				
e	2 a	ATTORNEY FEES		541100	94,517.	94,517.		
e Ķ	b	·						
Sen	c	;						
ran ev	c	l						
Program Service Revenue	e	•						
ه ا	f	All other program service rever	nue					
	g				94,517.			
	3	Investment income (including		<b>I</b>	455 006			455.006
		other similar amounts)		T I	457,906.			457,906.
	4	Income from investment of tax		T T				
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a		5,502.					
	b	1	5,502.					
	c	Rental income or (loss)	3,302.		5,502.			5,502.
	7 0	<ul><li>Net rental income or (loss)</li><li>Gross amount from sales of</li></ul>	(i) Securities	(ii) Othor	3,302.			3,302.
	1 0	assets other than inventory	18,024,388.	(ii) Other				
	h	Less: cost or other basis	10,021,000.					
		and sales expenses	   17 648 169.					
	c	<b>~</b> . " `	376 219.					
		Net gain or (loss)			376,219.			376,219.
	8 a	Gross income from fundraising			,			,
Jue	-	including \$ 4,074,						
š		contributions reported on line						
Other Reven		Part IV, line 18	-	515,170.				
the	b	Less: direct expenses		872,366.				
0		Net income or (loss) from fund		<b></b>	-357,196.			-357,196.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gami	ing activities	<b></b>				
	10 a	Gross sales of inventory, less r	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sales		<b>&gt;</b>				
		Miscellaneous Revenue	9	Business Code				
		MISCELLANEOUS REVENUE		541100	2,941.	2,941.		
	b	SPEAKER REVENUE		900099	1,000.	1,000.		
	C							1
	C				2 041			
		******		····· 🟲	3,941.	00.450		400 431
	12	Total revenue. See instructions		🕨 l	17,351,939.	98,458.	0.	482,431.

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# Form 990 (2018) INC . Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	887,001.	506,127.	187,602.	193,272.
6	Compensation not included above, to disqualified	,	,	,	<u>,                                      </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,174,056.	6,185,366.	584,414.	1,404,276.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	114,948.		9,086.	19,424.
9	Other employee benefits	1,586,930.	1,190,534.	127,293.	269,103.
10	Payroll taxes	726,735.	537,401.	61,615.	127,719.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	37,806.	37,806.		
е	,	229,185.			229,185.
f	Investment management fees	119,277.		119,277.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 1/13 6/15	310 961	705,429.	127 255
	column (A) amount, list line 11g expenses on Sch O.)	1,443,645.	310,861.	705,429.	427,355.
12	Advertising and promotion	2,344,672.	1,188,507.	172,012.	984,153.
13	Office expenses	2,344,072.	1,100,507.	1/2,012.	904,133.
14	Information technology				
15 16	Royalties Occupancy	1,361,641.	1,006,897.	115,444.	239,300.
17	Travel	652,693.	292,356.	128,516.	231,821.
18	Payments of travel or entertainment expenses	002,0001	232,3300	120,0101	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	220,265.	162,880.	18,675.	38,710.
23	Insurance	80,475.	59,509.	6,823.	14,143.
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	BAD DEBT EXPENSE	290,536.		290,536.	
b	RECRUITMENT AND TRAININ	210,706.	155,812.	17,864.	37,030.
С	DIRECT CASE EXPENSES	144,546.	144,546.		
d	DUES AND SUBSCRIPTIONS	67,195.	49,689.	5,697.	11,809.
е	All other expenses	60,994.	45,103.	5,172.	10,719.
25	Total functional expenses. Add lines 1 through 24e	18,753,306.	11,959,832.	2,555,455.	4,238,019.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				000 110
	Check here X if following SOP 98-2 (ASC 958-720)	443,326.	223,166.	0.	220,160.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 2,785,673. 1 Cash - non-interest-bearing 2,370,394. 1,522,375. Savings and temporary cash investments 2 1,674,509. 932,009. Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 690,258. 374,196. 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 1,907,745. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 1,167,924. 944,163. 739,821. 10c 12,496,906. 8,792,315. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,488,863. 3,420,382. 15 Other assets. See Part IV, line 11 15 **Total assets.** Add lines 1 through 15 (must equal line 34) 21,665,093. 16 18,566,771. 16 1,022,060. 17 1,121,350. 17 Accounts payable and accrued expenses 18 18 Grants payable 62,502. 27,751. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,976,555. 25 1,933,856. Schedule D 3,061,117. 26 3,082,957. **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 14,924,508. 11,826,139. 27 27 Unrestricted net assets 3,256,378. 3,234,585. Temporarily restricted net assets 28 28 423,090. 423,090. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 18,603,976. 15,483,814. Total net assets or fund balances 33 33 18,566,771. 21,665,093. Total liabilities and net assets/fund balances

## LAMBDA LEGAL DEFENSE & EDUCATION FUND,

Form 990 (2018) INC.

Part XI Reconciliation of Net Assets 23-7395681 Page **12** 

ı uı	necolcillation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,3	<u>51,9</u>	<u>39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,6		
5	Net unrealized gains (losses) on investments	5	-1,3	<u>64,9</u>	<u>07.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3	<u>53,8</u>	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15,4	83,8	<u> 14.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	x X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	o	

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

LAMBDA LEGAL DEFENSE & EDUCATION FUND,

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

INC 23-7395681 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	16186205.	17554748.	15751957.	4893667.	16770866 <b>.</b>	71157443.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	16186205.	17554748.	15751957.	4893667.	16770866.	71157443.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.						71157443.				
	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 4	16186205.	17554748.			16770866.	71157443.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	218,297.	286,800.	404,571.	162,150.	463,408.	1535226.				
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.)	16,890.	3954978.	3976108.	635,893.	4078616.	12662485.				
11	<b>Total support.</b> Add lines 7 through 10						85355154.				
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 5	,002,523.				
13	First five years. If the Form 990 is for	r the organization's				501(c)(3)					
	organization, check this box and stop	here					<b>&gt;</b>				
Sec	tion C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	83.37 %				
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	97 <b>.</b> 57 %				
16a	33 1/3% support test - 2018. If the	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X				
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion							
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "fac			=	· · · · · · · · · · · · · · · · · · ·	~					
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□				
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the					
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶∐				
18	Private foundation. If the organization	n did not check a	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>				

Schedule A (Form 990 or 990-EZ) 2018

## 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	quality under the tests listed be ction A. Public Support	now, please comp	Diete Fart II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
3	furnished by a governmental unit to						
	the organization without charge						
6	· · · · ·						
	Total. Add lines 1 through 5						
7 6	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			_	_		
	ndar year (or fiscal year beginning in) ► 📙	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c	: Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and <b>stop here</b>	· ·		•	•	. , . ,	·
Se	ction C. Computation of Public						,
15	Public support percentage for 2018 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20	<b>18</b> (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the					33 1/3%, and line 17	
	more than 33 1/3%, check this box and						
k	33 1/3% support tests - 2017. If the	-	-	•			nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
	<u> </u>		
	2		
-			
3	а		
3	b		
3	С		
4	а		
-	u		
4	b		
4	С		
5	а		
_ 5	b		
5			
	)		
	7		
8	3		
9	а		
9	u		
9	a		
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10	)a		
10	)b		
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	t IV   Supporting Organizations (continued)	33300	<u> </u>	age <b>5</b>
· u	Supporting Organizations (continued)		V	
44	Lies the examination eccented a gift as contribution from any of the following necessary		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls gither globe as together with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	446		
h	below, the governing body of a supported organization?	11a		$\vdash$
	A family member of a person described in (a) above?	11b		$\vdash$
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		
000	tion B. Type I Supporting Organizations		Vaa	N <sub>a</sub>
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
•	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	tion of Type it oupporting Organizations		V	
4	Mars a majority of the avantization's divertors by trustees during the tay year along a majority of the divertors		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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
300	tion B. All Type in Supporting Organizations		V	
4	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	15).		
b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 perow.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		,	
2	Activities Test. Answer (a) and (b) below.	istructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	INC
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

## LAMBDA LEGAL DEFENSE & EDUCATION FUND,

Schedule A (Form 990 or 990-EZ) 2018 INC.

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V │ Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	inizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	,	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
<u> </u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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,

Part VI

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line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS REV. 16,890. 2014 AMOUNT: \$ 2015 AMOUNT: \$ 19,089. 2016 AMOUNT: \$ 8,264. 31,102. 2017 AMOUNT: \$ 2018 AMOUNT: \$ 3,938. FUNDRAISING EVENT INCOME 2015 AMOUNT: \$ 3,935,889. 2016 AMOUNT: \$ 3,967,844. 2017 AMOUNT: \$ 604,791. 2018 AMOUNT: \$ 4,074,678.

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizate	tions: Complete Part III			
	ne of organization LAMBDA	LEGAL DEFENSE & E	DUCATION FUR	ND, E	mployer identification number
_	INC.				23-7395681
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	organization.
	Provide a description of the organiz	•	. •		
	Political campaign activity expendit				<b>&gt;</b> \$
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)	).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		<b>&gt;</b> \$
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
48	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 50	1(c)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt functio	n activities	<b>&gt;</b> \$
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
	exempt function activities				<b>&gt;</b> \$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
	line 17b				<b>&gt;</b> \$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to w	hich the filing organization
	made payments. For each organiza	·			•
	contributions received that were pro			•	arate segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part IV	'. T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1 ' '
				filing organization's funds. If none, enter	
				l lulius. Il lione, enter	delivered to a separate
					political organization.
					If none, enter -0

Sche	edule C (Form 990 or 990-EZ) 2018 _					395681 Page 2
Pa	rt II-A Complete if the orga	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).					
A C	heck 🕨 🔲 if the filing organizat	ion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share	e of excess lobbying e	expenditures).			
<b>B</b> C	heck 🕨 🔙 if the filing organizat	ion checked box A ar	d "limited control" pro	visions apply.		
		s on Lobbying Exper litures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influ	ence public opinion (d	grass roots lobbying)		35,996.	
	Total lobbying expenditures to influ				1,810.	
С	Total lobbying expenditures (add lir	nes 1a and 1b)			37,806.	
d	Other exempt purpose expenditure				18,715,500.	
е	Total exempt purpose expenditures	(add lines 1c and 1d)			18,753,306.	
f	Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns.	1,000,000.	
	If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable amo	ount is:		
	Not over \$500,000	20% of t	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	000.			
					050 000	
_	Grassroots nontaxable amount (ent	,			250,000.	
	Subtract line 1g from line 1a. If zero				0.	
i	Subtract line 1f from line 1c. If zero	,			0.	
j	If there is an amount other than zer				Г	¬.,
	reporting section 4911 tax for this y					Yes No
	(Some organizations th	at made a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all	of the five columns be	low.
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d)</b> 2018	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	318,689.	1,000,000.	3,318,689.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,978,034.		
c Total lobbying expenditures	5,344.	93,214.	7,779.	37,806.	144,143.		
d Grassroots nontaxable amount	250,000.	250,000.	79,672.	250,000.	829,672.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,244,508.		
f Grassroots lobbying expenditures	1,006.	13,158.	3,446.	35,996.	53,606.		

Schedule C (Form 990 or 990-EZ) 2018

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Eor e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(k	
	e lobbying activity.	Yes No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
•	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				. 2 io
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'NO," OR	(b) Part	III-A, IINE	) 3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
_	Total		١ ـ		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr				
			4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A	lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(	
	RT II-A LINE 1 AND 2:				
DII	RECT: OUR DIRECT LOBBYING INVOLVES COMMUNICATION DIR	ECTLY	WITH .	A	
LEC	SISLATOR THAT EXPRESSES A VIEW ABOUT SPECIFIC NOMINA	TION O	R ABO	UT	
SPI	ECIFIC LEGISLATION. FOR EXAMPLE, WE OFTEN MEET WITH	SENATE	OFFI	CES TO	)
EXI	PRESS OUR VIEW ABOUT JUDICIAL NOMINEES AND WITH CONG	RESS A	ND ST	ATE	
T. E/	SISLATURES MORE GENERALLY ABOUT LEGISLATION. THE HOU	שמ שתאו	ים כוג יח	СБЕИШ	י דאד
<u> 115(</u>	TO THE HOLE GENERALLI ADOUT LEGISLATION. THE HOU	VO IUY	T YVT	рггид	T 1/1

Part IV   Supplemental Information (continued)
PREPARING FOR THIS COMMUNICATION ARE COUNTED AND INCLUDE, BUT ARE NOT
LIMITED TO, STAFF TIME SPENT ON MEETINGS TO DISCUSS STRATEGY, RESEARCH AND
WRITING, AS WELL AS THE TIME THAT ACTUALLY GOES INTO THE
CONVERSATION/EMAIL/PHONE CALL OR OTHER FORM OF COMMUNICATION.
GRASSROOTS: OUR GRASSROOTS LOBBYING CONSISTS OF A COMMUNICATION WITH THE
PUBLIC THAT EXPRESSES A VIEW ABOUT A SPECIFIC NOMINATION OR LEGISLATION
AND THAT INCLUDES A CALL TO ACTION. AS PART OF THAT WORK, WE HAVE TO
PREPARE FOR THE MEETING, SPEND STAFF TIME ON STRATEGY MEETINGS, RESEARCH,
WRITING, CREATING, AS WELL AS THE TIME THAT ACTUALLY GOES INTO THE
TRANSMISSION OF THE COMMUNICATION TO THE PUBLIC.
NOTE: "COMMUNICATION" MEANS A CONVERSATION IN PERSON, PHONE, LETTER,
SOCIAL MEDIA OR OTHER MEDIUM TO CONVEY A MESSAGE.

## **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC.

**Employer identification number** 23-7395681

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	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			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	interioelly important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extinguished, or terminated by the	to organization during the tax
	· -	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	<b>&gt;</b>	G/ 1 G/	, ,	<b>5</b> ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	<b>▶</b> \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			<b>&gt;</b> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		<b>&gt;</b> \$
b .	Assets included in Form 990, P	art X		

Par	rt III   Organizations Maintaini	ing Collections of Art	t, Historical Tre	asures, or C	ther S	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, a							,	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs	6				
b	Scholarly research	е							
С	Preservation for future generation	ns							
4	Provide a description of the organization		how thev further th	e organization's	exemp	t purpos	e in Part	XIII.	
5	During the year, did the organization s	•	•	-	-				
	to be sold to raise funds rather than to		•	•				Yes	☐ No
Par	rt IV Escrow and Custodial A								
	reported an amount on Form 99		<b></b>			,	, .	,	
1a	Is the organization an agent, trustee, o	ustodian or other intermedi	ary for contributions	s or other assets	not inc	luded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Pa								
_			<b>g</b>					Amount	
С	Beginning balance					1c		7 11110 11111	
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun							Yes	No
	If "Yes," explain the arrangement in Pa				•	•		, 100	
Par									
	0011	(a) Current year	(b) Prior year	(c) Two years b		1 Three ve	ears back	(e) Four y	ears hack
12	Beginning of year balance		1,189,230.	1,038,2			7,126.		42,335.
	Contributions			2,222,2			6,027.		17,988.
0	Net investment earnings, gains, and lo		27,468.	150,9	140		5,137.		6,803.
٦	Grants or scholarships	, ,	27,100.	200,5			0,207		-,,,,,,
u		2,307,302.							
е	Other expenditures for facilities								
_	and programs								
	Administrative expenses	1 10 004 200	1,216,698.	1,189,2	230	1 03	88,290.	3	67,126.
g	•			· · ·	.50.	1,0	00,200.		07,120.
2	Provide the estimated percentage of the			) neid as:					
a	3	<u>^</u>	_%						
	Permanent endowment ▶ <u>4.</u> Temporarily restricted endowment ▶								
С									
0-	The percentages on lines 2a, 2b, and 2				£ 4 l		L:		
за	Are there endowment funds not in the	possession of the organiza	tion that are neid ar	ia administered	for the c	organiza	tion	<u></u>	/ N-
	by:								es No X
	(i) unrelated organizations							3a(i)	X
								3a(ii)	
	If "Yes" on line 3a(ii), are the related or	•						3b	
4 Par	Describe in Part XIII the intended uses rt VI Land, Buildings, and Eq		wment tunas.						
· ui		•	Dort IV line 11e C	00 Form 000 D	ant V lina	o 10			
	Complete if the organization an						.	(-I) D I	
	Description of property	(a) Cost or o	` '	or other (other)	` '	umulate	a	(d) Book v	value
_		basis (investr	Dasis	(Other)	uepre	eciation			
	Land	<b>I</b>							
	Buildings		07	1 206	11	1 11	_	760	200
	Leasehold improvements			4,396.		4,11			<u>,280.</u>
	Equipment		1,03	3,349.	<b>Ι,</b> US	3,80	0.	-20	<u>,459.</u>
	Other						<del>.   -</del>	720	.821.
ı otal	Add lines 1a through 1e (Column (d))	mount accord Farms OOO Dort	V antimon (D) line 1	0~ 1				119	0/1.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 INC.			23-7395681 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(h) Deele velve
	Description		(b) Book value
(1) ASSETS HELD FOR GIFT ANNUT			2,321,698.
	JSTS		899,741.
(3) SECURITY DEPOSITS			198,943.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<b>▶</b> 3,420,382.
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>e 15.)                                    </u>		<b>▶</b>   3,420,302.
	on Form 000 Dort IV lin	a 11a ay 11f Caa Farm 000 Dart V line	. OF
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, IIII	(b) Book value	; 20.
., , , , , , , , , , , , , , , , , , ,		(b) Book value	
(1) Federal income taxes (2) DEFERRED RENT		738,875.	
	TTTTEC	1,194,981.	
	011110	1,194,901.	
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1,933,856.

Sche	dule D (Form 990) 2018 INC.		•	23-	7395681 Page 4			
Par	t XI Reconciliation of Revenue per Audited Financial State	ements Wi	th Revenue per R	eturn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1	Total revenue, gains, and other support per audited financial statements			1	22,651,266.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a		<u>.                                      </u>				
b	Donated services and use of facilities	2b	6,992,474	•				
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	-208,963	<u>.                                      </u>				
е	Add lines 2a through 2d			2e	5,418,604.			
3	Subtract line 2e from line 1			3	17,232,662.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,277					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	119,277.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,351,939.			
Par	rt XII Reconciliation of Expenses per Audited Financial Stat	tements W	ith Expenses per	Retur	'n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1	Total expenses and losses per audited financial statements			1	25,771,428.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1					
а	Donated services and use of facilities	2a	6,992,474					
b	Prior year adjustments	2b						
С	Other losses	2c		_				
d	Other (Describe in Part XIII.)	2d	144,925	<u>.                                    </u>				
е	Add lines 2a through 2d			2e	7,137,399.			
3	Subtract line 2e from line 1			3	18,634,029.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,277	•				
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	119,277.			
5	THIS HIGH COURT CITIES OF ALT I. HITC TO.	)		5	18,753,306.			
	rt XIII Supplemental Information.							
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	*		4; Part	X, line 2; Part XI,			
ines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional in	formation.					
PAR	RT V, LINE 4:							
EAR	RNINGS HAVE BEEN RETAINED IN THE ENDOWME	NT TO A	LLOW THE BA	LANC	E TO GROW.			
THE	E ORGANIZATION PLANS ON USING EARNINGS F	OR PROG	RAMMATIC PU	RPOS	ES IN THE			
F.O.T	TURE.							
PAR	RT X, LINE 2:							
	/DD1 - FG1- DD1 - F7-1-G - F7 - 1-1-G - 170 - 171-GDD - 171-	T11001/T	<b></b>		~ ~=			
LAM	MBDA LEGAL BELIEVES IT HAS NO UNCERTAIN	INCOME	TAX POSITIO	<u>NS A</u>	S OF			
					~			
DEC	CEMBER 31, 2018 AND 2017, IN ACCORDANCE	WITH AC	COUNTING ST	<u>ANDA</u>	RDS			
<b>~</b> ~-	THIGHTON ("AGG") TORIC 540 ("			D=~	CELLID - DD -			
COD	DIFICATION ("ASC") TOPIC 740 ("INCOME TA	XES"),	WHICH PROVI	DES	STANDARDS			
FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX								
<b>5</b> 66	7.T.T.O.V.G							
POS	SITIONS.							

## LAMBDA LEGAL DEFENSE & EDUCATION FUND,

LAMBDA LEGAL DEFENSE & EDUCATION FUND,	02 5205601
Schedule D (Form 990) 2018 INC.  Part XIII   Supplemental Information (continued)	23-7395681 Page 5
(continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF GIFT ANNUITIES	-108,504.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	-189,858.
SPECIAL EVENTS DIRECT EXPENSES	89,399.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-208,963.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NON-DEDUCTIBLE TRANSPORTATION BENEFITS	55,526.
SPECIAL EVENT DIRECT EXPENSES	89,399.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	144,925.
-	

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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 instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC.

Employer identification number 23-7395681

	- Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> </ul>	e X Solicita	tion of tion of	non-g gover	overnment grants		
d X In-person solicitations	<u> </u>		3			
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	, , ,			-	X Yes ne fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c 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
RISING TIDE DIRECT - 233	MEMBERSHIP & DIRECT MAIL	Yes	No			
NEEDHAM ST, NEWTON, MA 02464	CONSULTING		Х	3,267,464.	120,850.	3,146,614.
EVENT MANAGEMENT GROUP INC -						
411 EAST 83RD STREET, SUITE	SPECIAL EVENT FUNDRAISING		Х	1,072,013.	69,194.	1,002,819.
BING CONSULTING - 3361					22.144	224 225
MISSION STREET, SAN	SPECIAL EVENT FUNDRAISING		X	333,448.	39,141.	294,307.
Total			<b>•</b>	4,672,925.	229,185.	4,443,740.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from req	gistration
AK, AL, AR, AZ, CA, CO, CT,	FL,GA,IL,KS,KY,LA,I	MA,M	D,M	E,MI,MN,MS	,NC,ND,NH,	NJ, NM, NY
OK,OH,OR,PA,RI,SC,TN,	UT, VA, WA, WI, WV, HI, I	DC,N	V			

23-7395681 Page 2

Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	s greater than \$5,000.
				BON FOSTER	(c) Other events	(d) Total events
					2.2	(add col. (a) through
			AWARD	EVENT	23	col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,072,013.	450,974.	3,066,861.	4,589,848.
	2	Less: Contributions	937,118.	409,579.	2,727,981.	4,074,678.
	3	Gross income (line 1 minus line 2)	134,895.	41,395.	338,880.	515,170.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	83,800.	8,424.	271,915.	364,139.
rect Ex	7	Food and beverages	120,335.	46,950.	244,555.	411,840.
ā	8	Entertainment	58,745.	12,866.	17,788.	89,399.
	9	Other direct expenses		35.	6,953.	6,988.
	10	Direct expense summary. Add lines 4 through	. ,		<b>&gt;</b>	872,366.
Da		Net income summary. Subtract line 10 from li			· · · · · · · · · · · · · · · · · · ·	-357,196.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				sings, progressive sings		( <b>u</b> ) an ough oon ( <b>o</b> ))
Вe	4	Cross revenue				
		Gross revenue				
ses	2	Cash prizes				
:xpeus	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses	V 0/	Vec 2	Vec 01	
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
	_					
9		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming action," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
-						

## LAMBDA LEGAL DEFENSE & EDUCATION FUND,

Sch	nedule G (Form 990 or 990-EZ) 2018 INC • 23 - 7	1 2 3 2 0 0 T	Page <b>3</b>
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:		
	a 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	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	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
	, , , , , , , , , , , , , , , , , , , ,		
	\ NAME OF BUILDDATGED. BUILDING MANAGEMENT CROUD THE		
<u>(I</u>	NAME OF FUNDRAISER: EVENT MANAGEMENT GROUP INC		
<u>(I</u>	) ADDRESS OF FUNDRAISER:		
<u>41</u>	1 EAST 83RD STREET, SUITE 2F, NEW YORK, NY 10028		
(I	) NAME OF FUNDRAISER: BING CONSULTING		
		0.411	0
<u>(I</u>	) ADDRESS OF FUNDRAISER: 3361 MISSION STREET, SAN FRANCISCO, CA	A 9411	U

## LAMBDA LEGAL DEFENSE & EDUCATION FUND,

Schedule G	${ m G}$ (Form 990 or 990-EZ) ${ m INC}$ .	23-7395681	Page 4
Part IV	G (Form 990 or 990-EZ) INC. Supplemental Information (continued)		·g- ·
	The second		

## SCHEDULE J (Form 990)

Department of the Treasury

**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.

**2018** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC.

 $Employer\ identification\ number \\ 23-7395681$ 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations 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:			
	Receive a severance payment or change-of-control payment?	4a	Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
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:			₹.
	The organization?	5a		X
b	Any related organization?	5b		
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a	1	ı

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(6)(1)-(U)	in column (B) reported as deferred on prior Form 990
(1) CHARLES FIELDS	(i)	149,470.	0.	202.	2,993.	34,147.	186,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL B. TIVEN	(i)	166,679.	0.	141,951.	6,173.	47,005.	361,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHARON MCGOWAN	(i)	233,205.	0.	179.	4,668.	24,753.	262,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAMILLA TAYLOR	(i)	183,948.	0.	250.	3,684.	48,866.	236,748.	0.
DIRECTOR OF CONSITUTIONAL LITIGATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOROTHEE BENZ	(i)	210,985.	0.	414.	4,228.	42,202.	257,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER PIZER	(i)	168,602.	0.	656.	3,385.	25,823.	198,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NATALIE BLEDMAN	(i)	169,102.	0.	146.	3,385.	18,584.	191,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	138,994.	0.	171.	2,783.	25,542.	167,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INC.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
RACHEL TIVEN - \$141,764

### **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.

INC.

► Go to www.irs.gov/Form990 for instructions and the latest information. LAMBDA LEGAL DEFENSE & EDUCATION FUND,

Employer identification number

23-7395681

11 Securities - Partnership, LLC, or trust interests  2 Securities - Miscellaneous  3 Qualified conservation contribution - Historic structures  4 Qualified conservation contribution - Other  5 Real estate - Residential  6 Real estate - Commercial  7 Real estate - Other  8 Collectibles  9 Food inventory  10 Drugs and medical supplies  11 Taxidermy  12 Historical artifacts  23 Scientific specimens  4 Archeological artifacts  25 Other ▶ ( ) )  26 Other ▶ ( ) )  27 Other ▶ ( ) )  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29 Yes No  10 In Yes, "describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32 Soes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Par	t I Types of Property							
Art - Works of art  Art - Historical treasures  Art - Fractional interests  Books and publications  Cars and other vehicles  Cars and other vehicles  Boats and planes  Intellectual property  Securities - Publicity traded  Securities - Paticy traded  Securities - Paticy traded  Securities - Paticy traded  Secu			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		_	;
2 Art - Historical treasures 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 68 602,853, FATR MARKET VALUE 8 Securities - Publicly traded X 68 602,853, FATR MARKET VALUE 9 Securities - Publicly traded X 68 602,853, FATR MARKET VALUE 1 Securities - Publicly traded X 68 602,853, FATR MARKET VALUE 1 Securities - Publicly traded X 68 602,853, FATR MARKET VALUE 1 Securities - Publicly traded X 68 602,853, FATR MARKET VALUE 1 Securities - Miscellaneous 1 Qualified conservation contribution Historic structures 1 Qualified conservation contribution - Other 1 Historic structures 1 Qualified conservation contribution - Other 1 Real estate - Residential 1 Real estate - Commercial 1 Real estate - Commercial 1 Real estate - Other Period of the Perio	1	Art - Works of art			, ,				
3 Att. Fractional interests   4 Books and publications   5 Clothing and household goods   6 Cars and other vehicles   7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   8 X 68 602,853. FATR MARKET VALUE   8 Securities - Publicly traded   9 Securities - Pathership, LLC, or trust interests   9 Securities - Pathership, LLC, or trust int	_								
4. Books and publications 6. Cars and other vehicles 7. Boats and planes 8. Intellectual property 9. Securities - Publicly traded 1. Securities - Puthership, LLC, or trust interests 1. Securities - Miscellaneous 1. Qualified conservation contribution - Historic structures 1. Qualified conservation contribution - Other	_								
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Archeological artifacts  Cother ( )  Cothe									
Other  (									
Other   Other		<b>\</b>							
Other ( )  Other ( )  Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  If "Yes," describe in Part II.  If "Yes," describe in Part II.  If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		,							
28 Other    ( )   Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29   Yes   No    30a   During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  30a   X    b   If "Yes," describe the arrangement in Part II.  31   Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31   X    32a   X    b   If "Yes," describe in Part II.  33   If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		a <b>b</b> /							
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  Yes No  During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  B If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  B If "Yes," describe in Part II.  If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		· · · · · · · · · · · · · · · · · · ·							
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During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		To which the organization completed from 625	o, raitiv, L	Jonee Acknowledg	ement <u>23  </u>			Ves	No.
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exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32a X  32b If "Yes," describe in Part II.  33c If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 X  33 If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		•			•		30a		Х
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  By If "Yes," describe in Part II.  If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b								
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<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>				-	· ·		32a		X
	b								
describe in Part II.	33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,			
		describe in Part II.							

## LAMBDA LEGAL DEFENSE & EDUCATION FUND,

Schedule M (	Form 99	0) 2018	TM	<u>C.</u>										<u> / 39568</u>		Page 2
		ing in Pa	art I, col	umn (b)	, the nu	mber of c	informati ontributi	ion requ ons, the	ired by Pa number o	rt I, line of items	es 30 s rece	Ob, 32b, and 33 eived, or a con	3, and whe	ther the org both. Also	anization	1
SCHEDUL	ĿΕ Μ,	PAR	ΤΙ,	, COI	LUMN	(B):										
THE NUM	IBER	IN C	OLUM	IN (I	B) R	EPRES	ENTS	THE	NUMB:	ER C	OF	CONTRIB	UTORS	•		

Schedule M (Form 990) 2018

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LAMBDA LEGAL DEFENSE & EDUCATION FUND,

**Employer identification number** 23-7395681

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMITTED TO ACHIEVING FULL RECOGNITION OF THE CIVIL RIGHTS OF LESBIANS, GAY MEN, BISEXUALS, TRANSGENDER PEOPLE AND ANYONE WITH HIV THROUGH IMPACT LITIGATION, EDUCATION AND PUBLIC POLICY WORK. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, BY STIGMA RATHER THAN SCIENCE, PARTICULARLY IN THE AREA OF LGBTO+ HEALTH; AND (4) ROOTING OUT ANTI-LGBTQ+ BIAS IN THE JUSTICE SYSTEM. IN 2018, LAMBDA LEGAL WON IMPORTANT VICTORIES ADVANCING THESE GOALS. WITH RESPECT TO LGBTO IDENTITIES AND RELATIONSHIPS, WE SUCCESSFULLY CHALLENGED LAWS IN IDAHO AND PUERTO RICO LIMITING THE ABILITY OF TRANSGENDER PEOPLE TO SECURE BIRTH CERTIFICATES WITH ACCURATE GENDER MARKERS, AND FILED LAWSUITS AGAINST SIMILAR LAWS IN OHIO AND KANSAS. WE SECURED A HISTORIC FEDERAL COURT WIN AGAINST THE STATE DEPARTMENT FOR REFUSING TO ISSUE AN ACCURATE PASSPORT TO AN INTERSEX, NON-BINARY PERSON. WE WON A RULING FROM THE MISSISSIPPI SUPREME COURT THAT MARRIED NON-BIOLOGICAL PARENTS HAVE THE SAME RIGHTS REGARDLESS OF THE SEX OF WE FILED MULTIPLE LAWSUITS AGAINST THE SOCIAL SECURITY THEIR SPOUSE. ADMINISTRATION FOR DISCRIMINATORY DENIALS OF FEDERAL SURVIVOR BENEFITS TO SURVIVING SAME-SEX SPOUSES. AND WE HAVE SUED TO DEFEND TRANSGENDER PEOPLE WHO ARE SERVING OR WISH TO SERVE IN OUR MILITARY, WHO HAVE BEEN TARGETED FOR DISCRIMINATION SIMPLY BECAUSE OF WHO THEY ARE. IN OUR ONGOING EFFORT TO SECURE AND EXPAND NON-DISCRIMINATION

WE BUILT UPON OUR GROUNDBREAKING 2017 VICTORY IN THE

PROTECTIONS,

Name of the organization LAMBDA LEGAL DEFENSE & EDUCATION FUND, **Employer identification number** 23-7395681 INC. SEVENTH CIRCUIT COURT OF APPEALS BY CONVINCING ANOTHER FEDERAL COURT OF APPEALS (THE SECOND CIRCUIT) THAT THE PROHIBITION AGAINST SEX DISCRIMINATION IN TITLE VII OF THE 1964 CIVIL RIGHTS ACT COVERS DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION. WE WON THE FIRST-EVER TRIAL ON BEHALF OF A TRANSGENDER STUDENT WHO CHALLENGED HIS SCHOOL DISTRICT'S REFUSAL TO LET HIM USE APPROPRIATE FACILITIES. WE SUCCESSFULLY REPRESENTED MULTIPLE SAME-SEX COUPLES WHO EXPERIENCED DISCRIMINATION BY BUSINESS OWNERS WHO SOUGHT RELIGION-BASED EXEMPTIONS FROM STATE NON-DISCRIMINATION LAWS. WE ALSO PARTNERED WITH ELECTED OFFICIALS, COMMUNITY LEADERS AND CHILD WELFARE PROFESSIONALS TO OPPOSE BILLS THAT AIMED TO ALLOW PUBLICLY FUNDED AGENCIES TO DISCRIMINATE AGAINST LGBTQ+ YOUTH IN CARE, AS WELL AS WOULD BE FOSTER FAMILIES, BASED ON SEXUAL ORIENTATION AND RELIGION. LAMBDA LEGAL ALSO FIGHTS NATIONALLY TO ENSURE THAT LAWS AND POLICIES AFFECTING THE HEALTH AND WELL-BEING OF LGBTQ+ PEOPLE ARE GROUNDED IN SCIENCE, RATHER THAN DRIVEN BY STIGMA. TO THAT END, IN 2018, WE CHALLENGED THE U.S. MILITARY'S OUTDATED AND STIGMA-DRIVEN POLICY DENYING PEOPLE LIVING WITH HIV THE OPPORTUNITY TO SERVE THEIR COUNTRY IN THE ARMED FORCES, AND HAVE PARTNERED WITH STATE-BASED ADVOCATES TO AMEND OR REPEAL DRACONIAN LAWS IMPOSING HARSHER PUNISHMENT ON SEXUAL ACTIVITY BY PEOPLE LIVING WITH HIV. IN ADDITION, WE HAVE CHALLENGED PUBLIC EMPLOYERS WHOSE HEALTH INSURANCE PLANS LIMIT THE ABILITY OF TRANSGENDER PEOPLE TO ACCESS MEDICALLY NECESSARY TRANSITION-RELATED CARE, AND OVERTURNED MISSOURI'S "FREEZE-FRAME" POLICY THAT DENIED MEDICALLY NECESSARY CARE TO INCARCERATED TRANSGENDER PEOPLE.

AND WITH RESPECT TO THE TREATMENT OF LGBTQ+ PEOPLE IN OUR JUSTICE

Name of the organization LAMBDA LEGAL DEFENSE & EDUCATION FUND, **Employer identification number** 23-7395681 INC. SYSTEM, THROUGH OUR FAIR COURTS PROJECT, LAMBDA LEGAL HAS BEEN A LEADING VOICE DEFENDING THE INTEGRITY OF THE FEDERAL JUDICIARY. THROUGH ADVOCACY LETTERS AND OTHER PUBLIC EDUCATION EFFORTS, INCLUDING A NATIONALLY-RECOGNIZED YEAR-END REPORT, WE HAVE SOUNDED THE ALARM OVER JUDICIAL NOMINEES WITH RECORDS REVEALING DEEP HOSTILITY TO LGBTQ+ EQUALITY. AT THE STATE AND LOCAL LEVEL, WE EDUCATED THOUSANDS OF COURT OFFICIALS ACROSS THE COUNTRY, INCREASING CULTURAL COMPETENCE ON LGBTQ+ ISSUES AND PROVIDING TOOLS FOR JUDGES TO ROOT OUT BIAS IN THEIR COURTROOMS. WE ALSO FILED NUMEROUS AMICUS BRIEFS IN CASES INVOLVING JUROR BIASES AND OTHER FORMS OF DISCRIMINATION FACED BY LGBTQ+ PEOPLE IN THE JUSTICE SYSTEM. FINALLY, IN ADDITION TO THE WORK DESCRIBED ABOVE, LAMBDA LEGAL'S HELP DESK RESPONDED TO NEARLY 6,000 REQUESTS FOR ASSISTANCE IN 2018. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: OF CONTENT THAT CAN REACH OVER A MILLION OR MORE PEOPLE EVERY WEEK. THESE COMBINED EFFORTS GENERATE TENS OF THOUSANDS OF NEWS STORIES ANNUALLY, AND ADVANCE OUR GOAL OF INCREASING AWARENESS OF THE CHALLENGES LGBTQ+ PEOPLE FACE AND OUR WORK TO ALLEVIATE THOSE CHALLENGES, AS WELL AS GREATER UNDERSTANDING WITHIN THE LGBTQ+ COMMUNITY OF THEIR LEGAL RIGHTS. FINALLY, LAMBDA LEGAL'S ATTORNEYS AND OTHER STAFF SPEAK AT DOZENS OF CONFERENCES EVERY YEAR, PROVIDING INSIGHT AND INFORMATION ON THE LATEST DEVELOPMENTS AFFECTING LGBTO+ RIGHTS.

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

Name of the organization LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC.

Employer identification number 23-7395681

IS REVIEWED BY THE AUDIT COMMITTEE AND THE ADMINISTRATION & FINANCE

COMMITTEE. THE FINAL DRAFT IS THEN SENT TO THE FULL BOARD FOR A COMMENT

PERIOD OF AT LEAST FIVE DAYS PRIOR TO FILING.

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

THE BOARD OF DIRECTORS ANNUALLY SIGNS AND DISCLOSES ANY POTENTIAL CONFLICTS

OF INTEREST. DURING NEW HIRE ORIENTATION ALL EMPLOYEES ARE INTRODUCED TO

LAMBDA LEGAL'S EMPLOYEE HANDBOOK WHICH INCLUDES A POLICY THAT DEFINES

CONFLICTS OF INTEREST AND REQUIRES STAFF TO AVOID ANY CONFLICTS OF INTEREST

AND NOTIFY THEIR DIRECTOR IF A POTENTIAL CONFLICT EXISTS.

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

AN INTERIM CEO WAS HIRED IN 2018 TO REPLACE THE OUTOING CEO. THE BOARD

APPOINTED A HIRING COMMITTEE, WHICH CONDUCTED A WIDE SEARCH USING A LEADING

NATIONAL SEARCH FIRM. THE COMMITTEE AND THE FIRM CONSIDERED COMPENSATION

DATA FOR LEADERS OF OTHER ORGANIZATIONS IN THIS FIELD, AND THE COMPENSATION

PACKAGE WAS APPROVED BY THE FULL BOARD OF DIRECTORS IN AN EXECUTIVE SESSION

DURING A REGULARLY-SCHEDULED BOARD MEETING. THE CEO'S COMPENSATION HAS NOT

CHANGED SINCE THAT TIME.

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

IN FEBRUARY 2017, COMPENSATION FOR THE ENTIRE ORGANIZATION WAS AUDITED BY WILLIS TOWERS WATSON, A LEADING NATIONAL COMPENSATION FIRM, THAT PROVIDED AN EXTENSIVE COMPARABILITY DATA FOR ALL POSITIONS BY AN INDEPENDENT SOURCE.

IN ADDITION, OFFICERS AND KEY EMPLOYEES HAVE BEEN RECRUITED TO THE ORGANIZATION SINCE THAT TIME, SEVERAL OF THEM USING SEARCH FIRMS THAT BROUGHT FURTHER COMPARABILITY DATA TO THE PROCESS. DELIBERATION OF COMPENSATION FOR THOSE OFFICERS AND KEY EMPLOYEES WAS SUBSTANTIATED AT THE

Name of the organization LAMBDA LEGAL DEFENSE & EDUCATION FUND,  INC.	Employer identification number 23-7395681
TIME OF HIRING IN INTERNAL MEMORANDA BY THE BOARD.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY  AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA	OF FORM 990:
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC TO WEBSITE.	THROUGH ITS OWN
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	-189,858.
CHANGE IN VALUE OF GIFT ANNUITIES	-108,504.
NON DEDUCTIBLE TRANSPORTATION BENEFITS	-55,526.
TOTAL TO FORM 990, PART XI, LINE 9	-353,888.
FORM 990, PART XII, LINE 2C:  THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEED	
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form	99U- I			anization bus			ax netuiii	<b>'</b>	OIVID IV	10. 1545-0067
				and proxy tax unde	er sec	ction 6033(e))			9	010
		For cal	endar year 2018 or other tax	year beginning		, and ending		<u> </u>		018
Departm	ent of the Treasury		Open to P	ublic Inspection for						
	Revenue Service			bers on this form as it may			ration is a 501(c)(3).			ublic Inspection for organizations Only fication number
A	Check box if address changed			Check box if name cl				(Emp	oloyees' trus uctions.)	st, see
				AL DEFENSE &	EDU	CATION FUN	υ,		,	05601
	mpt under section	Print	INC.					_		95681 ess activity code
	501(c)(3)	or Type		om or suite no. If a P.O. box					instructions	
=	408(e) 220(e)	.,,,,		TREET, 19TH I				4		
	408A530(a)			rovince, country, and ZIP or		postal code				
	529(a)		-	NY 10005-390	) 4					
C Book at end	value of all assets			mber (See instructions.)	<u> </u>					
	18,566,7			ype 🕨 🛛 501(c) corp	oration	501(c) trust	401(a)	) trust		Other trust
<b>H</b> Enter	r the number of the o	organiza	tion's unrelated trades o	r businesses.			the only (or first) ur			
	or business here						, complete Parts I-V.			Э,
desci	ribe the first in the bl	ank spa	ce at the end of the prev	ious sentence, complete Pa	rts I and	l II, complete a Schedul	e M for each addition	al trade	e or	
	ness, then complete I									
				n affiliated group or a paren	ıt-subsi	diary controlled group?	<b>&gt;</b> [	Y	es X	No
			ifying number of the pa	· · · · · · · · · · · · · · · · · · ·						
			CHARLES FIE				none number 🕨 2		1	
Part	Unrelated	ırac	le or Business Ir	ncome		(A) Income	(B) Expenses	<u> </u>		(C) Net
<b>1a</b> G	ross receipts or sale	S								
<b>b</b> Lo	ess returns and allov	vances		c Balance ►	1c					
					2					
<b>3</b> G	ross profit. Subtract	line 2 fr	om line 1c		3					
					4a					
<b>b</b> N	et gain (loss) (Form	4797, P	art II, line 17) (attach Fo	rm 4797)	4b					
c C	apital loss deduction	for trus	ts		4c					
<b>5</b> Ir	ncome (loss) from a	partners	hip or an S corporation	(attach statement)	5					
<b>6</b> R	ent income (Schedul	le C)			6					
<b>7</b> U	nrelated debt-finance	ed incon	ne (Schedule E)		7					
				d organization (Schedule F)	8					
<b>9</b> Ir	vestment income of	a sectio	on 501(c)(7), (9), or (17)	organization (Schedule G)	9					
<b>10</b> Ex	xploited exempt activ	ity inco	me (Schedule I)		10					
11 A	dvertising income (S	Schedule	J)		11					
					12					
	otal. Combine lines	3 throu	gh 12		13	0.				
Part				ere (See instructions fo						
	(Except for c	contribu	ıtions, deductions mu	ist be directly connected	with th	ne unrelated business	s income.)			
14	Compensation of offi	icers, dir	rectors, and trustees (So	chedule K)				14		
								15		
								16		
								17		
								18		
								19		
20	Charitable contribution	ons (See	e instructions for limitati	on rules)				20		
	Depreciation (attach									
<b>22</b> l	Less depreciation cla	imed or	Schedule A and elsewh	ere on return		22a		22b		
								23		
24 (								24		
	Employee benefit pro							25		
		-						26		
<b>27</b> I	Excess readership co	sts (Sch	nedule J)					27		
28	Other deductions (at	tach sch	edule)					28		
29	Total deductions. A	dd lines	14 through 28					29		0.
				ing loss deduction. Subtract				30		0.
			•	beginning on or after Januar				31		
	•			from line 30		,		32		0.

Form 990-T (2018) INC.

Part III Total Unrelated Business Taxable Income 23-7395681

Part		Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34	Amou	unts paid for disallowed fringes		34	55,	524.
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines	33 and 34		36	55,	524.
37	Speci	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		000.
38		lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter	the smaller of zero or line 36		38	54,	524.
Part	V	Tax Computation				
39	Orgai	nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b></b>	39	11,	450.
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:				
		Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40		
41		y tax. See instructions		41		
42		native minimum tax (trusts only)		42		
43	Tax o	n Noncompliant Facility Income. See instructions		43		
44		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	11,	450.
Part \		Tax and Payments				
45 a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
		credits (see instructions) 45b				
C		ral business credit. Attach Form 3800 45c				
d		t for prior year minimum tax (attach Form 8801 or 8827)				
		credits. Add lines 45a through 45d		45e		
46		act line 45e from line 44		46	11.	450.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)		·	
48		tax. Add lines 46 and 47 (see instructions)			11.	450.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				0.
		nents: A 2017 overpayment credited to 2018		10		
			,660			
		leposited with Form 8868 50c	,			
ď	Forei	gn organizations: Tax paid or withheld at source (see instructions) 50d				
		up withholding (see instructions) 50e				
		t for small employer health insurance premiums (attach Form 8941)  50f				
		credits, adjustments, and payments: Form 2439				
3		Form 4136 Other Total ▶ 50g				
51		payments. Add lines 50a through 50g	-	51	11.	660.
52	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached		52		
53		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>•</b>	53		
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		210.
55		the amount of line 54 you want: Credited to 2019 estimated tax	d <b>&gt;</b>	55		0.
Part \		Statements Regarding Certain Activities and Other Information (see instruction				
56	At an	y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Ye	s No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here					х
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	rust?			Х
		s," see instructions for other forms the organization may have to file.	•••			
58	Enter	the amount of tax-exempt interest received or accrued during the tax year \bigs\\$				
	Un	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my knowl	ledge and beli	ef, it is true,	
Sign	Co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF OPERATING	Г	Manually IDO at		
Here		OFFICER		•	liscuss this retur hown below (se	
		Signature of officer Date Title		instructions)?		No
		Print/Type preparer's name Preparer's signature Date Chec	k	if PTIN		
Daid			k [] employed			,
Paid Prens				d	053509	·
Prepa	arer	MAGDALENA M. MAGDALENA M. Self- CZERNIAWSKI CZERNIAWSKI 10/02/19	employed	d PO	053509 -35188	9
	arer	MAGDALENA M. MAGDALENA M. Self- CZERNIAWSKI CZERNIAWSKI 10/02/19		d PO		9

23-7395681 Form 990-T (2018) INC. Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year ...... 6 Inventory at end of year 1 6 2 Purchases 7 Cost of goods sold. Subtract line 6 Cost of labor\_\_\_\_\_ from line 5. Enter here and in Part I, 3 3 4a Additional section 263A costs (attach schedule) Do the rules of section 263A (with respect to Yes No 4a **b** Other costs (attach schedule) ...... property produced or acquired for resale) apply to 4b Total. Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2)(3)(4)Bent received or accrued **3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of (b) From real and personal property (if the percentage rent for personal property is more than 10% but not more than 50%) of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2)(3)(4)Total 0. Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 2. Gross income from or allocable to debt-(a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) 1. Description of debt-financed property financed property (1) (2)(3)(4)5. Average adjusted basis of or allocable to debt-financed property (attach schedule) **4.** Amount of average acquisition debt on or allocable to debt-financed 6. Column 4 divided 7. Gross income 8. Allocable deductions by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) (1) % (2)% (3)%

%

Enter here and on page 1,

Part I, line 7, column (A).

0

 $\triangleright$ 

Form 990-T (2018)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B).

(4)

Total dividends-received deductions included in column 8

Form 990-T (2018) **INC**.

Schedule F - Interest, A	Annuitie	s, Royalt	ies, an	d Rents	From Co	ntrolle	d Organiza	itions	s (see in:	structio	ons)	
				Exempt	Controlled O	rganizati	ions					
1. Name of controlled organizat	ion	2. Emp identific num	cation	3. Net unr	related income e instructions)	<b>4</b> . Tot	tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	trolling	6	Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations	l									l	
7. Taxable Income	8. Net u	nrelated incom see instructions		9. Total	of specified pays made	ments	10. Part of column in the controllingross	mn 9 tha ing orgai s income	nization's	11.	Dedu vith in	ctions directly connected come in column 10
<u></u>												
<u>(1)</u> <u>(2)</u>												
(3)												
(4)												
_(7)				•			Add colun Enter here and line 8, 0		e 1, Part I,	1	er here	columns 6 and 11. e and on page 1, Part I, le 8, column (B).
Totals									0.			0.
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7	7). (9). or (	17) Ord	panization			ı		
(see instr		0. 4 0	,000,011	001(0)(1	,, (0), 0. (	, ৩.	garnization					
1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connected (attach scheool	ected	<b>4.</b> Set (attach	-asides schedule	:)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							Enter here and on page 1 Part I, line 9, column (B).
Totals				<b>•</b>		0.						0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	/ertisin	ng Income					
	_		3 =	penses	4. Net incon	ne (loss)	_					7. Excess exempt
1. Description of exploited activity	unrelated incom	aross business e from business	directly of with pro of uni	connected oduction related s income	from unrelated business (co minus colum gain, comput through	olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	attribu	penses table to ımn 5		expenses (column 6 minus column 5, but not more than column 4).
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
			page 1	re and on I, Part I, col. (B).								Enter here and on page 1, Part II, line 26.
Totals • Advertision		0.		0.								0.
Schedule J - Advertisin					a a li data d	Doois						
Part I Income From I	Periodic	ais Repo	orted of	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput hrough 7.			6. Read cos			7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
Totals (carry to Part II, line (5))	▶		).	0								0 .

Form 990-T (2018) INC.

23-7395681

Page 5

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2018)