

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 LAWYERS DEMOCRACY FUND

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 56295 Little Moniteau Road

City or town, state or province, country, and ZIP or foreign postal code  
 California, MO 65018

**D** Employer identification number  
 20-8721718

**E** Telephone number  
 (202) 441-5487

**G** Gross receipts \$ 200,000

**F** Name and address of principal officer  
 Harvey Tettlebaum  
 56295 Little Moniteau Road  
 California, MO 65018

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ www.lawyersdemocracyfund.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2007

**M** State of legal domicile DE

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 The Lawyers Democracy Fund's mission is to promote the role of ethics and legal professionalism in the electoral process to insure fair and honest elections

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

|  |   |
|--|---|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 5 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 5 |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | 0 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 8 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | 0 |

|   | Prior Year                | Current Year |
|---|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 0                         | 200,000      |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 0                         | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 0                         | 0            |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0                         | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 0                         | 200,000      |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0                         | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0                         | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 34,107                    | 94,257       |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0                         | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 5,620                     | 71,353       |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 39,727                    | 165,610      |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | -39,727                   | 34,390       |
|   | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)  | 13,191                    | 47,581       |
| <b>21</b> Total liabilities (Part X, line 26)   | 0                         | 0            |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                         | 13,191                    | 47,581       |

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date 2019-11-15

Michael Thielen Treasurer  
 Type or print name and title

**Paid Preparer Use Only**

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶              | Firm's EIN ▶         |      | Phone no  |      |
| Firm's address ▶           |                      |      |   |      |

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

The Lawyers Democracy Fund's mission is to promote the role of ethics and legal professionalism in the electoral process to insure fair and honest elections

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 165,588 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 165,588

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

|            |  | Yes     | No     |
|------------|--|---------|--------|
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .  | 23 Yes  |        |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            |         | 24a No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |         | 24b    |
| <b>c</b>   | 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    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |         | 24d    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   |         | 25a No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       |         | 25b No |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 |         | 26 No  |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . |         | 27 No  |
| <b>28</b>  | 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)   |         |        |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |         | 28a No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |         | 28b No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28c Yes |        |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |         | 29 No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |         | 30 No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  |         | 31 No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  |         | 32 No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  |         | 33 No  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  |         | 34 No  |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |         | 35a No |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |         | 35b    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |         | 36     |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i>   |         | 37 No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38 Yes  |        |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|           |  | Yes    | No |
|-----------|--|--------|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |        |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |        |    |
| <b>1c</b> | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c Yes |    |

|   |                    |                   |            |  |
|---|--------------------|-------------------|------------|--|
| <p><b>2a</b> 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 . . . . .</p>  | <p><b>2a</b> 0</p> |                   |            |  |
| <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br/><b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>                    |                    | <p><b>2b</b></p>  |            |  |
| <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>  |                    | <p><b>3a</b></p>  | <p>No</p>  |  |
| <p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>   |                    | <p><b>3b</b></p>  |            |  |
| <p><b>4a</b> 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)? . . . . .</p> |                    | <p><b>4a</b></p>  | <p>No</p>  |  |
| <p><b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br/>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>  |                    |                   |            |  |
| <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>  |                    | <p><b>5a</b></p>  | <p>No</p>  |  |
| <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>  |                    | <p><b>5b</b></p>  | <p>No</p>  |  |
| <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>  |                    | <p><b>5c</b></p>  |            |  |
| <p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>                                    |                    | <p><b>6a</b></p>  | <p>Yes</p> |  |
| <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>   |                    | <p><b>6b</b></p>  | <p>Yes</p> |  |
| <p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>   |                    |                   |            |  |
| <p><b>a</b> 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? . . . . .</p>   |                    | <p><b>7a</b></p>  |            |  |
| <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>   |                    | <p><b>7b</b></p>  |            |  |
| <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>  |                    | <p><b>7c</b></p>  |            |  |
| <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>   | <p><b>7d</b></p>   |                   |            |  |
| <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>   |                    | <p><b>7e</b></p>  |            |  |
| <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>  |                    | <p><b>7f</b></p>  |            |  |
| <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>  |                    | <p><b>7g</b></p>  |            |  |
| <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>  |                    | <p><b>7h</b></p>  |            |  |
| <p><b>8 Sponsoring organizations maintaining donor advised funds.</b></p>   |                    |                   |            |  |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>  |                    | <p><b>8</b></p>   |            |  |
| <p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>   |                    | <p><b>9a</b></p>  |            |  |
| <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>   |                    | <p><b>9b</b></p>  |            |  |
| <p><b>10 Section 501(c)(7) organizations.</b> Enter</p>   |                    |                   |            |  |
| <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>  | <p><b>10a</b></p>  |                   |            |  |
| <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>   | <p><b>10b</b></p>  |                   |            |  |
| <p><b>11 Section 501(c)(12) organizations.</b> Enter</p>  |                    |                   |            |  |
| <p><b>a</b> Gross income from members or shareholders . . . . .</p>   | <p><b>11a</b></p>  |                   |            |  |
| <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>  | <p><b>11b</b></p>  |                   |            |  |
| <p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>  |                    |                   |            |  |
| <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>   | <p><b>12b</b></p>  |                   |            |  |
| <p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>   |                    |                   |            |  |
| <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br/><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>  |                    | <p><b>13a</b></p> |            |  |
| <p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>   | <p><b>13b</b></p>  |                   |            |  |
| <p><b>c</b> Enter the amount of reserves on hand . . . . .</p>  | <p><b>13c</b></p>  |                   |            |  |
| <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>  |                    | <p><b>14a</b></p> | <p>No</p>  |  |
| <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>   |                    | <p><b>14b</b></p> |            |  |
| <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>                       |                    | <p><b>15</b></p>  | <p>No</p>  |  |
| <p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>   |                    | <p><b>16</b></p>  | <p>No</p>  |  |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, 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 financial 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: Harvey Tettlebaum, 56295 Little Moniteau Road, California, MO 650183069 (202) 441-5487







Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions) and 1g (Noncash contributions).

Table for Program Service Revenue. Rows 2a-2f for various revenue types and 9 Total. Includes Business Code column.

Table for Other Revenue. Rows 3-12 covering investment income, royalties, rental income, securities, fundraising events, gaming activities, and sales of inventory. Includes sub-columns for Real/Personal and Securities/Other.

**Part IX Statement of Functional Expenses**

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

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

|   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                              |  |   |                                    |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 0                            | 0                                      |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 0                            | 0                                      |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                            | 0                                      |   |                                    |
| <b>4</b> Benefits paid to or for members.   | 0                            | 0                                      |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 0                            | 0                                      | 0   | 0                                  |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 0                            | 0                                      | 0   | 0                                  |
| <b>7</b> Other salaries and wages.  | 94,257                       | 94,257                                 | 0   | 0                                  |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 0                            | 0                                      | 0   | 0                                  |
| <b>9</b> Other employee benefits.   | 0                            | 0                                      | 0   | 0                                  |
| <b>10</b> Payroll taxes.  | 0                            | 0                                      | 0   | 0                                  |
| <b>11</b> Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b> Management.  | 30,000                       | 30,000                                 | 0   | 0                                  |
| <b>b</b> Legal.   | 0                            | 0                                      | 0   | 0                                  |
| <b>c</b> Accounting.  | 0                            | 0                                      | 0   | 0                                  |
| <b>d</b> Lobbying.  | 0                            | 0                                      | 0   | 0                                  |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 0                            |  |   | 0                                  |
| <b>f</b> Investment management fees.  | 0                            | 0                                      | 0   | 0                                  |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 27,137                       | 27,137                                 | 0   | 0                                  |
| <b>12</b> Advertising and promotion.  | 0                            | 0                                      | 0   | 0                                  |
| <b>13</b> Office expenses.  | 22                           | 0                                      | 22  | 0                                  |
| <b>14</b> Information technology.   | 1,380                        | 1,380                                  | 0   | 0                                  |
| <b>15</b> Royalties.  | 0                            | 0                                      | 0   | 0                                  |
| <b>16</b> Occupancy.  | 0                            | 0                                      | 0   | 0                                  |
| <b>17</b> Travel.   | 747                          | 747                                    | 0   | 0                                  |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                            | 0                                      | 0   | 0                                  |
| <b>19</b> Conferences, conventions, and meetings.   | 12,000                       | 12,000                                 | 0   | 0                                  |
| <b>20</b> Interest.   | 0                            | 0                                      | 0   | 0                                  |
| <b>21</b> Payments to affiliates.   | 0                            | 0                                      | 0   | 0                                  |
| <b>22</b> Depreciation, depletion, and amortization.  | 0                            | 0                                      | 0   | 0                                  |
| <b>23</b> Insurance.  | 0                            | 0                                      | 0   | 0                                  |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> Printing.  | 67                           | 67                                     | 0   | 0                                  |
| <b>b</b>  |                              |  |   |                                    |
| <b>c</b>  |                              |  |   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses.  |                              |  |   |                                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e.   | 165,610                      | 165,588                                | 22  | 0                                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|---|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 13,191                   | <b>1</b>  | 47,581             |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 0                        | <b>2</b>  | 0                  |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>  | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .   | 0                        | <b>4</b>  | 0                  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>  | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0                        | <b>6</b>  | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>  | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>  | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 0                        | <b>9</b>  | 0                  |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b>               |           |                    |
|   | <b>b</b> Less accumulated depreciation  | <b>10b</b>               | 0         | <b>10c</b>         |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 0                        | <b>11</b> | 0                  |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 0                        | <b>12</b> | 0                  |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                        | <b>13</b> | 0                  |
|   | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b> | 0                  |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 0                        | <b>15</b> | 0                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 13,191  | <b>16</b>                | 47,581    |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 0                        | <b>17</b> | 0                  |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b> | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 0                        | <b>19</b> | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b> | 0                  |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  | 0                        | <b>21</b> | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b> | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b> | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b> | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D  | 0                        | <b>25</b> | 0                  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 0                        | <b>26</b> | 0                  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                    |
|   | <b>27</b> Unrestricted net assets   | 13,191                   | <b>27</b> | 47,581             |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                        | <b>28</b> | 0                  |
|   | <b>29</b> Permanently restricted net assets   | 0                        | <b>29</b> | 0                  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 13,191  | <b>33</b>                | 47,581    |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 13,191  | <b>34</b>                | 47,581    |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 200,000 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 165,610 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 34,390  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 13,191  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 0       |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  | 0       |
| <b>7</b>  | Investment expenses   | <b>7</b>  | 0       |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  | 0       |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0       |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 47,581  |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
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?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> |     | No |
| <b>2c</b> |     |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:** 18007995

**Software Version:** v1.00

**EIN:** 20-8721718

**Name:** LAWYERS DEMOCRACY FUND

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

Research and educate the public regarding the role of ethics and legal professionalism in the electoral process through creating an informational website, a Twitter feed, drafting of model legislation, sending a weekly email newsletter, educational programs, filing amicus briefs, and publication of op-eds

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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LAWYERS DEMOCRACY FUND

Employer identification number  
20-8721718

**Part I Questions Regarding Compensation**

|  | Yes  | No   |  |  |  |  |   |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <p><b>b</b> If any of the boxes in 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</p>   | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>   | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> 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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <p><b>4</b> 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</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>   | <b>4a</b>  | No   |  |  |  |  |   |  |  |  |
|  | <b>4b</b>  | No   |  |  |  |  |   |  |  |  |
|  | <b>4c</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>   | <b>5a</b>  | No   |  |  |  |  |   |  |  |  |
|  | <b>5b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>6</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>  | <b>6a</b>  | No   |  |  |  |  |   |  |  |  |
|  | <b>6b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>  | <b>7</b>   | No   |  |  |  |  |   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>  | <b>8</b>   | No   |  |  |  |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>   |  |  |  |  |  |   |  |  |  |

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

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

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

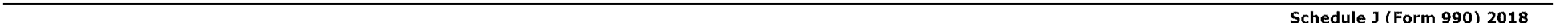
| (A) Name and Title              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> Don Palmer<br>Director | (i)  | 10,000   | 0                                   | 0                                   | 0  | 0                       | 10,000                          | 0   |
|                                 | (ii) | -----<br>0   | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |
|                                 |      |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

| Return Reference    | Explanation  |
|---------------------|--|
| Schedule J, Part II | Lawyers Democracy Fund contracted in the amount of \$10,000 with Palmer Squared Inc , which is owned by Director Don Palmer, to write a paper for the organization |





**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LAWYERS DEMOCRACY FUND

Employer identification number

20-8721718

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                         |                                    |                     |                                       |      |                               | ▶ \$            |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Donald Palmer             | Director  | 10,000                    | See Supplemental Information   |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference    | Explanation   |
|---------------------|---|
| Schedule L, Part IV | Lawyers Democracy Fund contracted with an entity owned by Director Donald Palmer to write a paper |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization  
LAWYERS DEMOCRACY FUND

Employer identification number

20-8721718

**990 Schedule O, Supplemental Information**

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| Form 990, Part VI, Section A, Line 8b | There are no committees with authority to act on behalf of the governing body |

## 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation   |
|---|---|
| Form 990,<br>Part VI,<br>Section B,<br>Line 11b | The President and Treasurer review the Form 990 prior to its being filed with the IRS |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| Form 990, Part VI, Section B, Line 12c | The organization monitors compliance with its conflicts of interest policy with respect to each transaction and the members of the board of directors have an opportunity to disclose potential conflicts of interest at the annual board meeting |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| Form 990,<br>Part VI,<br>Section C,<br>Line 19 | The organization provided its governing documents and conflicts of interest policy to the public upon request |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>  |
|-----------------------------------|---|
| Form 990,<br>Part IX, Line<br>11g | \$10,000 for paper research and drafting consulting services, \$6,837 for social media consulting services, \$10,300 for legal research consulting services |