Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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. For the 2017 calendar year, or tax year beginning 7/1/2017 6/30/2018 D Employer identification number C Name of organization Judicial Crisis Network Check if applicable: Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20-2303252 Name change 1455 Pennsylvania Ave, NW 400 E Telephone number ZIP code Initial return City or town State (202) 349-9049 20004 Washington DC Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 22,045,341 G Gross receipts \$ Amended return F Name and address of principal officer: Yes X No Application pending H(a) Is this a group return for subordinates? Daniel Casey 1455 Pennsylvania Ave NW Sre 400, Washington, DC 200 H(b) Are all subordinates included? If "No," attach a list. (see instructions) 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or Tax-exempt status: J Website: ▶ judicialnetwork.com H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2004 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the Judicial Crisis Network Activities & Governance is to promote the vision of liberty and justice in America, dedicated to the rule of law, with a fair and impartial judiciary, and educate and organize citizens in this mission. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 2 Number of independent voting members of the governing body (Part VI, line 1b) . . . 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 0 Total unrelated business revenue from Part VIII, column (C), line 12. 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 25.614.292 22.045.341 Revenue 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). . . 25,614,292 22,045,341 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,289,445 7,295,000 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,507,593 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 14,406,907 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 25,696,352 16,802,593 18 19 Revenue less expenses. Subtract line 18 from line 12. -82,060 5.242,748 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . . . 23,770 Total liabilities (Part X, line 26) 21 0 Net assets or fund balances. Subtract line 21 from line 20 5.266.518 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. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here Daniel L Casey, President Type or print name and title Print/Type preparer's name Check -Raymond Conlon Paid 5/14/2019 self-employed T. Raymond Conlon P01486002 **Preparer** Firm's EIN Firm's name ► Conlon and Associates LLC **Use Only** Firm's address ▶ P.O. Box 6213, Silver Spring, MD 20916-6213 301-598-6851 Phone no

X

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

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	90 (2017) rt III	Judicial Crisis Netw Statement of Progr		malichmente		20-2	303252	Page 2
Га	L III	Check if Schedule C			ne in this Part III			
1	The mis	escribe the organization's sion of the Judicial Crisis ica, dedicated to the rule or and organize citizens in the state of	mission: Network is to promot of law, with a fair and	e the vision of liberty a	nd justice			
2	the prior	organization undertake an		• •		ted on	Yes	X No
3	Did the	describe these new servi organization cease condu ?	cting, or make signifi	=	conducts, any progra	ım 	Yes	X No
4	Describe expense	e the organization's progra es. Section 501(c)(3) and expenses, and revenue,	am service accomplis 501(c)(4) organizatio	ns are required to repo			-	
4a	produce United S judicial o various federal a media a) (Expensible fiscal year ended June divided and television advictates Supreme Court vacconfirmations. The organization of the legal of the legal public presentations of the major Supreme Court cannot be supplied to the legal of the legal	230, 2018, the Judici vertisements regarding ancy, vacancies on to zation also maintaine as highlighting the ne gacy of Justice Clares overing judicial and co	g significant legal issue he lower federal courts d websites promoting t ews of judicial confirma nce Thomas. The orgal abinet-level nomination	Organization) es, including the s, and the speed of the confirmation of tions at the nization conducted ns, the Supreme Cou			0)
4b	(Code:) (Expens	ses\$	including grants of	\$	(Revenue \$)
4c	(Code:) (Expens	ses \$	including grants of	\$) (Revenue \$)
4d	(Expens		0 including grants o		0)(Revenue \$	())	
4e	i otal pr	ogram service expenses	-	16,293,227				

Part	V 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 (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
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		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		.,
40	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	4.0		
4-	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			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		.,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		V
	If "Yes," complete Schedule G, Part III	19	L	Χ

Checklist of Required Schedules (continued) Part IV Yes No 20a **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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ 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 23 Χ 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 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Χ **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 Χ 25b 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 26 Χ 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 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 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 Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 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 37 Χ 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

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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

	Check in Concade C Contains a response of note to any line in time 1 art 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	4.	V	
2-	gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with as within the year approach by this return.			
h	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Voc " outer the name of the ferrige country.			-/-
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Χ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Χ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/n		
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	445		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14h		Х
h	ur des mas innien a Form 770 in renou mese navments 7 if "No " provine an eynjanation in Schedille I i	140		1

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Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
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		Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			.,
01	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (,oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	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.		7.	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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		Χ
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC, VA DC, VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website X Upon request Other (explain in Schedule O)	ov. o=	d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polifinancial statements available to the public during the tax year.	cy, ar	iu	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	_		
20				
	Daniel Casey, Judicial Crisis Network (202) 349-9049			

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII............

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

<u></u>	, ,						,	,	,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck	rson lirect	n both Highest compensated er is or/employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gary Marx		1								
Secretary, Treasurer, Director	0.00			Х						
(2) Daniel Casey	5.00									
President, Director	0.00	Χ		Х	<u> </u>					
_(3)	 									
.(4)										
(5)										
(6)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

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Pa	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	<u>1H t</u>	ghes	t Co	ompensated Em	iployees (d	contin	ued)		
	(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe d a d	rson	e than o	oth an Reportable stee) compensation		(E) Reportable compensation from related		Es ar		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	com fr org an	other opensati om the panizatio d relate anizatio	on ed
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(25)														
1b	Sub-total								0		0			0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).								0		0			0
2	Total number of individuals (including but not linguistry reportable compensation from the organization	mited to those lis		bov					more than \$100	,000 of				
	reportable compensation from the organization				0								Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-	-	-		_		•			3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater		-						•	h				
	individual						٠.					4		Χ
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo											5		Χ
Sec 1	tion B. Independent Contractors Complete this table for your five highest compecompensation from the organization. Report co											ax		
	year. (A)								(B)			(C))	
N/a	Name and business add		N	D 0	400	4		L	Description of ser		C	Compen	sation	040

	Name and business address	Description of services	Compensation
Mentzer Media	210 W Pennsylvania Ave Towson, MD 21204	communication & promotion	3,585,940
crc Public Relations	2850 Eisenhower Ave Alexandria, VA 22314	consulting	3,348,638
BH Group LLC	1655 N Fort Meyer Dr Ste 700 Arlington, VA 22209	consulting	241,000
IMGE INSIGHTS	108 South Washington St 3rd Floor Alexandria, VA	2 polling	212,500
DDC	P.O. Box 34456 Bethesda, MD 20827-0456	strategy consulting	187,500
2 Total number of indepe	endent contractors (including but not limited to those listed ab	oove) who received	
more than \$100,000 of	compensation from the organization	3	

20-2303252

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in	this Part VIII			🔲
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
Contr and O	g h	Noncash contributions included in lines 1a-1f: \$ 0 Total. Add lines 1a-1f	22,045,341			
-	- "	Business Code	22,040,041			
nue	2a		0			
Zev.	b		0			
<u>8</u>	C		0			
Program Service Revenue	d		0			
	e		0			
ogra	f	All other program service revenue	0			
Pre	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 0 0				
	b	Less: cost or other basis				
		and sales expenses 0 0				
	C	Gain or (loss)				
4	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18				
the	b	Less: direct expenses b				
0	С	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances a0				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				
	11a		0			
	b		0			
	С		0			
	d	All other revenue	0			
	е	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	22.045.341	0	0	0

Form 990 (2017) Judicial Crisis Network 20-2303252 Page **10**

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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	domestic governments. See Part IV, line 21	7,295,000	7,295,000						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	0		0					
6	Compensation not included above, to disqualified	-		-					
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include	Ţ.							
·	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees):	Ŭ.							
a	Management	0							
b	Legal	160,942	50,000	110,942					
C	Accounting	40,500	30,000	40,500					
d	Lobbying	40,300		40,300					
	Professional fundraising services. See Part IV, line 17	0							
e		0							
T	Investment management fees	U							
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.040.400	0.000.075	000 004					
40	(A) amount, list line 11g expenses on Schedule O.)	8,919,136	8,682,275	236,861					
12	Advertising and promotion	0 505	0	0					
13	Office expenses	29,595	16,230	13,365					
14	Information technology	28,633	28,633						
15	Royalties	0		0.4.005					
16	Occupancy	84,695		84,695					
17	Travel	195,273	195,273						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	8,587	6,000	2,587					
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	35,109	19,816	15,293	0				
23	Insurance	5,123	0	5,123	0				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а		0							
b		0							
С		0							
d		0							
е	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	16,802,593	16,293,227	509,366	0				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

20-2303252 Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 23,770	1	4,842,445
	2	Savings and temporary cash investments	. 0	2	
	3	Pledges and grants receivable, net	. 0	3	0
	4	Accounts receivable, net	. 0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	. 0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L	. 0	6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	. 0	8	
	9	Prepaid expenses and deferred charges	. 0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 380,	350		
	b	Less: accumulated depreciation 10b 35,	109	10c	345,241
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	. 0	12	0
	13	Investments—program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets	. 0	14	0
	15	Other assets. See Part IV, line 11	. 0	15	78,832
	16	Total assets. Add lines 1 through 15 (must equal line 34)	. 23,770	16	5,266,518
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	. 0	18	
	19	Deferred revenue	. 0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	. 0	21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	. 0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	. 0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	. 0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	. 0	25	0
	26	Total liabilities. Add lines 17 through 25	. 0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here X a	nd		
es		complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets	. 23,770	27	5,266,518
<u>a</u>	28	Temporarily restricted net assets			3,200,310
B	29	Permanently restricted net assets			
Fund Balances	23	· —		23	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here	nd		
s or		complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund			
et /	32	Retained earnings, endowment, accumulated income, or other funds . $\;\;$.			
ž	33	Total net assets or fund balances			5,266,518
	34	Total liabilities and net assets/fund balances	23,770	34	5,266,518

Form 990 (2017) Judicial Crisis Network 20-2303252 Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		22	,045	,341
2	Total expenses (must equal Part IX, column (A), line 25)		16	,802	,593
3	Revenue less expenses. Subtract line 2 from line 1		5	,242	,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			23	,770
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))		5	,266	,518
Part	·			г	
	Check if Schedule O contains a response or note to any line in this Part XII			. [
		_		Yes	No
1	Accounting method used to prepare the Form 990:				
	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?	· 📙	2a		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?		2b		Χ
	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				
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?		2c		
	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?		3a		Χ
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	[:	3b		

Form **990** (2017)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Judicial Crisis Network	20-2303252	
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a intributions.	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions ore during the year	
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organizationEmployer identification numberJudicial Crisis Network20-2303252

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Donor A Foreign State or Province: Foreign Country:	\$17,100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Donor B Foreign State or Province: Foreign Country:	\$2,570,000	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Donor C Foreign State or Province: Foreign Country:	\$750,000	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Donor D Foreign State or Province: Foreign Country:	\$575,000	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	Donor F Foreign State or Province: Foreign Country:	\$250,000	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	Donor G Foreign State or Province: Foreign Country:	\$250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organizationEmployer identification numberJudicial Crisis Network20-2303252

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Donor H Foreign State or Province: Foreign Country:	\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Donor I Foreign State or Province: Foreign Country:	\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Donor J Foreign State or Province: Foreign Country:	\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Donor K Foreign State or Province: Foreign Country:	\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organizationEmployer identification numberJudicial Crisis Network20-2303252

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

Name of org	ganization sis Network				Employer identification number 20-2303252		
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the ye Use duplicate copies of Part III if addition	year from any os completing Parter. (Enter this inf	one contributor. Complet t III, enter the total of exclusion formation once. See instru	te coluı <i>usively</i>	ection 501(c)(7), (8), or mns (a) through (e) and religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d)	Description of how gift is held		
	Transferee's name, address, and		ransfer of gift Relationsh	ip of t	ransferor to transferee		
(a) No.	For. Prov. Country						
from Part I	(b) Purpose of gift	(с) Use of gift	(d)	Description of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and	1 ZIP + 4			ransferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
			ransfer of gift				
	Transferee's name, address, and			ip of t	ransferor to transferee		
	For. Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d)	Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	For. Prov. Country						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Jud	icial Crisis Network					20-230			
Pa		the organization is exempt und							
1	•	the organization's direct and indirect p	olitical campaign a	activities in Part IV. (se	e inst	ructions fo	or		
	definition of "political can								
2		y expenditures (see instructions)						4,92	5,000
3	Volunteer hours for politic	cal campaign activities (see instructio	ns)	· · · · · · · · · · · · · · · · · · ·					
		the organization is exempt und							
1	Enter the amount of any	excise tax incurred by the organization	n under section 49)55	▶ \$				
2		excise tax incurred by organization m						 -	
3	•	ed a section 4955 tax, did it file Form	•				Yes	Ш	No
4a	Was a correction made?						Yes	Ш	No
b	If "Yes," describe in Part								
Pa	ort I-C Complete if t	the organization is exempt und	ler section 501(c), except section	501(c)(3).			
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	mpt function					
					▶ \$ _				0
2		filing organization's funds contributed							
		vities			▶ \$			4,92	5,000
3	Total exempt function ex	penditures. Add lines 1 and 2. Enter h	nere and on Form ′						
	line 17b				\$			4,92	5,000
4	Did the filing organization	n file Form 1120-POL for this year?.				. \square	Yes	Χ	No
5		ses and employer identification numb							
		ents. For each organization listed, en							
		ontributions received that were prompt							
	as a separate segregated	d fund or a political action committee	(PAC). If additional	I space is needed, pro	vide ir	ntormation	ı in Pa	rt IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	ı		nount of		
				filing organization's funds. If none, enter -0	1_	contribut	tions rec ptly and		
				rando. Il riono, emor o		deliver	red to a s	separat	te
							al organiz ne, enter		lf
(1)	Republican Attorney	1747 Pennsylvania Ave NW 800							
	Generals Asso.	Washington, DC 20006	46-4501717	3,550),000				0
(2)	Republican State	1201 F St NW 675							_
\- /	Leadership Committee	Washington, DC 20004	05-0532524	1,375	5,000				0
(3)		ļ							
(4)		+							
					-+				
(5)		ł							
(6)		<u> </u>							
		!							

Р	art II-A Complete if the organizat	ion is exe	empt under section	501(c)(3) and filed	d Form 5768 (ele	ction
_	under section 501(h)).		ccii i i i /	- III (
Α	Check ▶ if the filing organization	•	• • • • • • • • • • • • • • • • • • • •		•	up members
В	name, address, EIN, ex Check ► if the filing organization	•		, .	,	
				TILLOT PLOVISIONS AF	ргу. Г	
	Limits on Lo (The term "expenditures"			l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	-				0
b	Total lobbying expenditures to influence a	-				0
С	Total lobbying expenditures (add lines 1a				0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add		•		0	0
f	Lobbying nontaxable amount. Enter the a	mount from	the following table in bo	oth		
ſ	columns.				0	0
	If the amount on line 1e, column (a) or (b)		obbying nontaxable amo	ount is:		
	Not over \$500,000		of the amount on line 1e.			
ŀ	Over \$500,000 but not over \$1,000,000		000 plus 15% of the exces			
	Over \$1,000,000 but not over \$1,500,000		000 plus 10% of the exces			
	Over \$1,500,000 but not over \$17,000,000		000 plus 5% of the excess	s over \$1,500,000.		
_	Over \$17,000,000	\$1,000	•		0	0
g	Grassroots nontaxable amount (enter 25°	•			0	0
h	Subtract line 1g from line 1a. If zero or les				0	0
i	Subtract line 1f from line 1c. If zero or les	•				0
J	If there is an amount other than zero on e					Yes No
	section 4911 tax for this year?					Yes No
			raging Period Under s			
	(Some organizations that made a				of the five columns	below.
	See	the separa	te instructions for line	s 2a through 2f.)		
	Lobb	ying Expen	ditures During 4-Year	Averaging Period	T	
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount			0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount			0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2017

Judicial Crisis Network
Schedule C (Form 990 or 990-EZ) 2017

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)).

	(election under section 501(h)).					
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	1)		(b)	
	cription of the lobbying activity.	Yes	No	A	mount	t
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?			 		
d	Mailings to members, legislators, or the public?			 		
e	Publications, or published or broadcast statements?			 		
f	Grants to other organizations for lobbying purposes?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
- ";	Other activities?					
i	Total. Add lines 1c through 1i					0
2a	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					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	till-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5).	or s	ection		
	501(c)(6).	. , , , ,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye					
Par	till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (E				3, is
1	Dues, assessments and similar amounts from members		1	<u> </u>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a	<u> </u>		
b	Carryover from last year		2b			
C	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		<u>4</u> 5			0
Part		•	J			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liet\· F	Part II.	Δ lines	1 and	
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	1131), 1	art II-	7 t, iii iC3	i dila	•
•	I-A Line 1 The Organization contributed funds to entities that are organized and operate under					
Secti	on 527.					

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization			Employer identificati	on number
Judic	al Crisis Network			20-	-2303252
Part		Advised Funds or Other Si	milar Fun		
	Complete if the organization answer	ed "Yes" on Form 990, Part l	V, line 6.		
		(a) Donor advised funds		(b) Funds	and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor				
	funds are the organization's property, subject		-		. Yes No
6	Did the organization inform all grantees, donor	•	•		
	used only for charitable purposes and not for t				□ v ₂ . □ N ₂
	purpose conferring impermissible private bene	iit?			. Yes No
Part	Conservation Easements.	- LIDY II - E - 000 D - LI	\		
	Complete if the organization answer				
1	Purpose(s) of conservation easements held by	· —	,		
	Preservation of land for public use (e.g., r			-	mportant land area
	Protection of natural habitat	P	reservation	of a certified hist	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conservation o	contribution	in the form of a c	onservation
	easement on the last day of the tax year.			He	ld at the End of the Tax Year
а					
b	Total acreage restricted by conservation ease				
C	Number of conservation easements on a certif			2c	
d	Number of conservation easements included i historic structure listed in the National Registe			2d	
3	Number of conservation easements modified,				nization during
J	the tax year	transferred, released, extinguism	cu, or term	nated by the orga	inization during
4	Number of states where property subject to co	nservation easement is located	•		
5	Does the organization have a written policy re-		nspection.	handling of	
	violations, and enforcement of the conservation			-	. Yes No
6	Staff and volunteer hours devoted to monitoring, in				
	>		•		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enfo	orcing conse	rvation easements	during the year
	▶ \$				
8	Does each conservation easement reported o			section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization rep			•	
	balance sheet, and include, if applicable, the t		ation's finar	icial statements th	nat describes
Do:	the organization's accounting for conservation			Other Circiler	Acceta
Par	Organizations Maintaining Collect Complete if the organization answer			Other Similar	Assets.
1a	If the organization elected, as permitted under			venue statement :	and halance sheet
ıu	works of art, historical treasures, or other simil				
	of public service, provide, in Part XIII, the text	•	•	•	
b	If the organization elected, as permitted under				
-	works of art, historical treasures, or other simil				
	of public service, provide the following amount			· ·	
	(i) Revenue included on Form 990, Part VIII, I			▶ ;	\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of a	t, historical treasures, or other si	milar asset	s for financial gair	n, provide the
	following amounts required to be reported und				
а	Revenue included on Form 990, Part VIII, line				
b	Assets included in Form 990, Part X				

Part	Organizations Maintaining Collection	ctions of Art,	Histori	cal Tre	asures, or O	ther Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, accession								
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange pr	ograms			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and ex	kplain ho	w they fu	irther the organ	nization's exempt purp	ose in Pa	art	
	XIII.		•	•	J				
5	During the year, did the organization solicit o	r receive donati	ions of ar	t, historio	cal treasures, o	or other similar			
	assets to be sold to raise funds rather than to	be maintained	as part	of the org	ganization's co	lection?	Y	es	No
Part	IV Escrow and Custodial Arrangem	ents.							
	Complete if the organization answe	red "Yes" on	Form 99	90, Part	IV, line 9, or	reported an amoun	t on Fo	rm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other inte	rmediary	for contr	ibutions or oth	er assets not			
	included on Form 990, Part X?						Y	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he follow	ing table	:				
							Amount		
C	Beginning balance					1c			
d	Additions during the year					1d			
e f	Distributions during the year					1e 1f			0
_	-							V	
2a	Did the organization include an amount on Fo							es X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if t	ne expia	nation na	as been provid	ed on Part XIII			
Part			-	00 D. 4	D. / . Por 40				
	Complete if the organization answe					- d. (d) Thurstone had	(-) [-		le e ele
10	Beginning of year balance	Current year	(b) Prior	year	(c) Two years b	ack (d) Three years back	(e) F	our years	раск
1a b	Contributions								
C	Net investment earnings, gains,								
·	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0	0		0
2	Provide the estimated percentage of the curr	ent year end ba		ne 1g, co	olumn (a)) held	as:			
a	Board designated or quasi-endowment Permanent endowment	~ %	%						
b c	Temporarily restricted endowment	70 %							
·	The percentages on lines 2a, 2b, and 2c sho).						
3a	Are there endowment funds not in the posses			that are	held and adm	inistered for the			
	organization by:	J						Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		endowm	ent funds	3.				
Part			-	00 D. 4	N7 Pos 44 s	O	4 X . P	40	
	Complete if the organization answer								
	Description of property	(a) Cost or other (investmen			st or other s (other)	(c) Accumulated depreciation	(d) B	ook valu	е
1a	Land	(55611	0	2401	0				0
b	Buildings		0		0	0			0
c	Leasehold improvements		0		286,229	26,421		25	9,808
d	Equipment		0		94,121	8,688			5,433
е	Other		0		0	0			0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

345,241

(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	0	•
2) Closely-held equity interests		
Other		
(A)		
(B)		
(C)		
<u>(D)</u>		
_(E)		
_(F)		
_(G)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.	0	
Part VIII Investments—Program Relate	/	
		t IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation:
	C)	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
	0	
Other Assets. Complete if the organization and		t IV, line 11d. See Form 990, Part X, line 15
Other Assets. Complete if the organization and (1)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3) (4)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3) (4) (5)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3) (4) (5)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8)	swered "Yes" on Form 990, Par	
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9)	swered "Yes" on Form 990, Par	
Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities.	swered "Yes" on Form 990, Par (a) Description B) line 15.)	
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization and	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes (2) (3)	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4)	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization and line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	swered "Yes" on Form 990, Par (a) Description B) line 15.)	(b) Book value
Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization and line 25.	swered "Yes" on Form 990, Par (a) Description B) line 15.) swered "Yes" on Form 990, Par (b) Book value 0	(b) Book value

Schedule D (Form 990) 2017

Schedule D (For	m 990) 2017 Judicial Crisis Network	20-2303252	Page 5
Part XIII	Supplemental Information (continued)		
	· · ·		

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number Judicial Crisis Network 20-2303252 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government cash assistance noncash assistance or assistance if applicable grant other) general support (1) American Women's Alliance, Inc. 1935 Foxview Cir., NW Washington, D 81-1306949 501c4 35,000 general support (2) 10th Amendment Project 82-0822705 501c4 100,000 13051 Farthingale Dr Oak Hill, VA 201 (3) A New Missouri general support 81-5180835 501c4 500,000 6614 Clayton Rd No. 181 Richmond H (4) Centennial Institute general support 8787 W. ALAMEDA Ave. Lakewood, C 84-0442429 501c3 5,000 (5) Citizen Engagement Forum general support 82-3674212 100,000 18532 Partlow Road Beaverdam, VA 2 501c4 (6) Winning For Women Inc. general support 1025 Thomas Jefferson St., NW Ste. 4 82-1505471 501c4 250,000 general support (7) Faith Freedom Coalition 27-0182697 50,000 PO 957736 Duluth, GA 30095 501c4 general support (8) Family Foundation Action 52-1425355 50.000 919 E. Main St., Ste. 1110 Richmond, 501c4 (9) National Rifle Association general support 53-0116130 250,000 11250 Waples Mill Rd Fairfax, VA 220 501c4 general support (10) National Right to Life Committee In 52-0986195 501c4 50,000 512 10th St NW Washington, DC 2000 (11) Republican Attorney Generals Asse general support 1747 Pennsylvania Ave NW 800 Wash 46-4501717 527 3,550,000 (12) Republican State Leadership Com general support 1201 F St NW 675 Washington, DC 20 05-0532524 527 1.375.000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . Enter total number of other organizations listed in the line 1 table

Judicial Crisis Network

Schedule I (Form 990) (2017)

edule I (Form 990) (2017)					Р
rt III Grants and Other Assistance	to Domestic Individu	als. Complete if th	ne organization answ	vered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if addit	tional space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IV Supplemental Information. Pro	ovide the information re	eguired in Part I. li	ne 2: Part III. colum	n (b): and anv other addit	ional information.

Continuation Sheet for Schedule I (Form 990)

Name of the organization

Employer identification number

Judicial Crisis Network

20-2303252

					20-2303252	
nd Other Ass	sistance to Gov	ernments and Or	ganizations in t	he United States		
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						general support
46-5130903	501c4	450,000				
						general support
54-1850126	501c4	75,000				
27 4065300	50164	200,000				general support
27-4003390	30104	200,000				general support
27-4648506	501c4	255.000				gonoral support
	00.0.	200,000				
	(b) EIN	(b) EIN (c) IRC section if applicable 46-5130903 501c4 54-1850126 501c4 27-4065390 501c4	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 46-5130903 501c4 450,000 54-1850126 501c4 75,000 27-4065390 501c4 200,000	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 46-5130903 501c4 450,000 54-1850126 501c4 75,000 27-4065390 501c4 200,000	(b) EIN (c) INC section II applicable grant (d) Alriculation Cash assistance (book, FMV, appraisal, other) 46-5130903 501c4 450,000 54-1850126 501c4 75,000 27-4065390 501c4 200,000	tind Other Assistance to Governments and Organizations in the United States (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 46-5130903 501c4 450,000 27-4065390 501c4 200,000

Continuation Sheet for Schedule I (Form 990)

Name of the organization

Employer identification number

Judicial Crisis Network

20-2303252

Port III Continuation of Cronto and Ot	20-2303252				
Part III Continuation of Grants and Ot				1	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
9					
10					
11					
12					
13					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

20-2303252 Judicial Crisis Network Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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. (h) Approved (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In default? (i) Written with organization of loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ 0 \triangleright **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7) (8)(9)

(10)

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
(4) 0					Yes	No
	e Part V					
(2)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) (10)						
Part V	Supplemental Information Provide additional information	n for responses to questions on	Schedule L (see ins	tructions).	 	ļ
Part IV I	Payments were below reportable t	hreshholds.				

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number Judicial Crisis Network 20-2303252 Form 990, Part VI, Section B, Line 11b: The Form 990 is prepared by a Certified Public Accountant, and reviewed by outside legal counsel before it is filed. Officers and directors also review the document before filing with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12: The Organization has updated its written conflict of interest Policy. Officers and directors are required to report interests that could give rise to conflicts. Updated policy was circulated to officers and directors and discussed. Form 990, Part VI, Section B, Line 15: There is no compensation for officers and directors. There are no employees. Form 990, Part VI, Section C, Line 19: The articles of incorporation are available from the Virginia State Corporation Commission, and as an attachment to the Form 1024. Other governing documents are not available to the public. Form 990, Part IX, Line 11g: The amount of \$8,919,136 consists of: Polling: \$509,263; Research: \$140,896; Consulting: \$4,225,319; and Communications: \$4,043,568.

Schedule O (Form 990 or 990-EZ) (2017)	Pa	age 2	2
Name of the organization	Employer identification number		_
Judicial Crisis Network	20-2303252		
			_