Form	<b>990</b>

# Public Inspection Copy

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 6 8 7

Dep Inter	artment o	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the	latest info	ormation.		Inspection	
A	For the	e 2018 cale	ndar year, or tax year beginning Oct 1 , 2018, and	d ending	Se	p 30	<b>,20</b> 19	
в	Check i	if applicable:	<b>C</b> Name of organization The Becket Fund			D Employer	r identification number	
	Address	s change	Doing business as			52-18	58532	
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone	e number	
	Initial re	eturn	1200 New Hampshire Ave. NW	700		(202)	955-0095	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Washington, DC 20036			G Gross rec	eipts \$ 10, 135, 439	
	Applica	tion pending	F Name and address of principal officer:		H(a) Is this a g	roup return for su	ibordinates? 🗌 Yes 🔀 No	
			Montse Alvarado, 1200 New Hampshire Ave. NW, Washington,	DC 20036				
<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or	527	lf "N	o," attach a l	ist. (see instructions)	
J	Website	ie: 🕨 🛛 W	ww.becketlaw.org		H(c) Group	exemption n	umber 🕨	
		organization:	X   Corporation   ☐ Trust   ☐ Association   ☐ Other ►   L Year	of formation	: 199	3 M State o	f legal domicile: DC	
P	art I	Summ						
	1	Briefly de	escribe the organization's mission or most significant activities:	Public	inter	est leg	al activities	
Activities & Governance								
'nai								
vel	2		is box $\blacktriangleright$ if the organization discontinued its operations or disp					
ğ	3		of voting members of the governing body (Part VI, line 1a) .				15 14	
s S	4		of independent voting members of the governing body (Part VI, li	,				
/itie	5		nber of individuals employed in calendar year 2018 (Part V, line 2	,			53	
ctiv	6		nber of volunteers (estimate if necessary)				(	
◄	7a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7a	0.	
	b	Net unrel	ated business taxable income from Form 990-T, line 38	· · · ·	Prior Ye	7b	0 . Current Year	
		Caratuilaru	tions and events (Deut) (III line 1b)					
IUe	8		tions and grants (Part VIII, line 1h)			7,519.	7,201,982.	
Revenue	9	•	service revenue (Part VIII, line 2g)		93.	3,079.	2,734,104.	
Be	10 11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1.00	262.	64.	
	12		enue — add lines 8 through 11 (must equal Part VIII, column (A), line			3,755.	-236,457.	
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			<u>2,105.</u> 1,579.	9,699,693.	
	14		paid to or for members (Part IX, column (A), line 4)		244	±,3/9.		
(0	15		other compensation, employee benefits (Part IX, column (A), lines 5-		4 143	3,558.	4,311,656.	
ses	16a		onal fundraising fees (Part IX, column (A), line 11e)			5,550.	ч, Этт, 050.	
Expenses	b		draising expenses (Part IX, column (D), line 25) ► 544, 75					
Ĕ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1.98	7,172.	1,892,149.	
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	· . –		5,309.	6,203,805.	
	19		less expenses. Subtract line 18 from line 12			5,796.	3,495,888.	
r sa	-				inning of Cu		End of Year	
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	🗖	3.31	L,527.	6,755,431.	
Ass J Ba	21		ilities (Part X, line 26)	🗖		5,365.	346,007.	
Punc	22		ts or fund balances. Subtract line 21 from line 20	🗖		5,162.	6,409,424.	
-	art II		ture 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.

				03/17/2020			
Sign	Signature of officer		Ε	Date			
Here	Maria Montserrat Alvara	ado, Executive Director					
	Type or print name and title		-				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗍 if	PTIN		
Preparer	Corrie Scott			self-employed	P01295891		
Use Only	Firm's name 🕨 Hozik & Compar.	y, P.L.C.	Fi	Firm's EIN ►			
	Firm's address ► 374 Maple Ave E	<u>Ste 305, Vienna, VA 2218</u>	0-4718 PI	hone no. (703)2	72-7109		
May the IRS discuss this return with the preparer shown above? (see instructions)							
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 05/20/19 PRO Form 990 (2018)						



(Rev. January 2019)

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

OMB No. 1545-1709

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Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	The Becket Fund	52-1858532
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	1200 New Hampshire Ave. NW, #700	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instruction	ons.
instructions.	Washington DC 20036	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of Montse Alvarado

Telephone No. ► (202)955-0095

Fax No. ► (202)955-0090

• If the organization does not have an office or place of business in the United States, check this box	▶□
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is
for the whole group, check this box ► If it is for part of the group, check this box ►	and attach
a list with the names and EINs of all members the extension is for.	

- 1 I request an automatic 6-month extension of time until <u>Aug 17</u>, 20 <u>20</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶ □ calendar year 20 \_\_\_\_ or
  - ▶ 🕱 tax year beginning Oct 1 , 20 18 , and ending Sep 30 , 20 19 .
- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
С	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.				

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

rt	Page 2 Pa
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Public interest legal activities
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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 \$ 5,256,205. including grants of \$) (Revenue \$ 2,735,783.)
	Public interest legal activities: Our mission is to protect the free expression
	of all faiths. We exist to vindicate a simple but frequently neglected principle
	that because the religious impulse is natural to human beings, religious
	expression is natural to human culture. See attached for case litigation list.
4b	(Code: ) (Expenses \$ 32,083. including grants of \$ 0.) (Revenue \$ 0.)
чо	The Stanford Law School Religious Liberty Clinic is the newest addition
	to the School's distinguished program of clinical legal education
	organized under the Mills Legal Clinic. It is the only law school in
	the country dedicated exclusively to the religious liberty issues,
	offering students the opportunity to represent clients in disputes
	arising from a wide range of beliefs, practices and customs.
	The clinic was made possible, in part, by a generous \$1.6 million gift
	from the The Washington DC based Becket Fund for Religious Liberty.
	The clinic's founding director is James A Sonne, an experienced teacher
	and practitioner with paricular expertise in law and religion.
	See Part III, Ln 4b statement
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     5,288,288.
	REV 05/20/19 PRO Form <b>990</b> (2018)

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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)? <i>If "Yes," complete Schedule A</i>	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5		×
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? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V .</i>	10		×
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	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		× ×
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a		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? #E <sup>(</sup> /@B0) <sup>'</sup> /GPROPlete Schedule I, Parts I and II	21		×

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	×	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	×	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		×
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		^
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	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	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6		res	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .			
3a				×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
40	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:	ти		~
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		~
-		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
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		_ ×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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			
е	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		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8				
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	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 . <b>10b</b>			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	Teu		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
~				
C 14a		14a		×
14a	Did the organization receive any payments for indoor tanning services during the tax year?			<b>^</b>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins		ions.
Centi	Check if Schedule O contains a response or note to any line in this Part VI				×
Secti	on A. Governing Body and Management			Yes	Na
10	Enter the number of voting members of the governing body at the end of the tax year .	<b>1a</b> 15		res	No
Ta	If there are material differences in voting rights among members of the governing body, or	10 15			
	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	<b>1b</b> 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	elationship with			
	any other officer, director, trustee, or key employee?		2		×
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 othe	-	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	· · · · · · · · · · · · · · · · · · ·				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue Co		
10-	Did the experimetion have lead charters branches as offiliates?		100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	· · · · ·	10a		×
b	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×	
с	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?		13		×
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by			
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	×	
	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 with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure				I
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 Forms 1023 (1024 or 1024-A if applicable				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		•		. /
	X Own website Another's website X Upon request Other (explain in Sc.	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest	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	on's books and re	cords		

,	· ·			0		
Montse Alvarado,	1200 New	Hampshire Ave.	NW Suite 700,	Washington,	DC 20036	(202)955-0095

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

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

	<b>,</b>			(0	C)					
(A)	(B)	(do n	ot ch		ition	e than c	200	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		-		-	or/trust	<i>,</i>	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Officer Institutional trustee Individual trustee or director		Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Clayton Christensen	2.00									
Director		×						0.	0.	0.
(2) Sean Fieler	2.00									
Director		×						0.	0.	0.
(3)Robert George	2.00									
Director		×						0.	0.	0.
<b>(4)</b> Mary Ann Glendon	2.00									
Director		×						0.	0.	0.
(5) Russell Moore	2.00									
Director		×						0.	0.	0.
(6) Meir Soloveichik Director	2.00	×						0.	0.	0.
(7)Lance Wickman	2.00									
Director		×						0.	0.	0.
(8) John Huleatt Director	2.00	×						0.	0.	0.
(9) Leonard Leo	2.00									
Director		×						0.	0.	0.
(10)Robert Neal	2.00									
Director		×						0.	0.	0.
(11)Jackie River	2.00									
Director		×						0.	0.	0.
(12) John Garvey Secretary	2.00	×		×				0.	0.	0.
(13)Kevin Hasson	2.00									
Director/President Emeritus		×		×				0.	0.	0.
(14) William Mumma	2.00									
CEO and Board Chair		×		×				0.	0.	43,870.

Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd ⊦	lighes	st C	ompensated E	mployees (co	ontinuec	z)	
				•	C)							
(A)	(B)	(do n	not ch		ition	e than c	ne	(D)	(E)		(F)	
Name and title	Average	· ·				is both		Reportable	Reportable		Estimate	
	hours per week (list any		er and		irect	or/trust	ee)	compensation from	compensation f related	rom	amount c other	of
	hours for	Individual trustee or director	Ins:	Officer	Ke	Hig	For	the	organization	s	compensat	ion
	related	livid	Institutional trustee	cer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MI	SC)	from the	
	organizations below dotted	tor ual t	iona		oldt	ee o		(W-2/1099-MISC)			organization and relate	
	line)	trus	al tr		yee	mpe					organizatio	
		lee	Iste			insa						
			Ø			ted						
(15) David Weidman	2.00											
Treasurer		×		×				0.		0.		0.
(16)Montse Alvarado	40.00	-										
VP & Executive Director				×				204,407.		0.	11,	716.
(17)Eric Baxter	40.00	-										
VP & Senior Counsel						×		182,066.		0.	45,	477.
(18)Luke Goodrich	40.00	-										
VP & Senior Counsel						×		184,419.		0.	30,	495.
(19)Eric Rassbach	40.00	-										
VP & Senior Counsel						×		184,497.		0.	38,	224.
(20) Lori Windham	40.00											
Senior Counsel						×		160,317.		0.	29,	738.
(21) Mark Rienzi	40.00	-										
President				×				263,348.		0.	41,	022.
(22) Daniel Blomberg	40.00											
VP & Senior Counsel						×		154,225.		0.	34,	482.
(23)		-										
(24)		-										
(25)		-										
1b Sub-total								1,333,279.		0.		024.
		 	·	·	• •			1,333,279.		0.	,	024.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)			·	•	• •			1,333,279.		0.		024.
									are then \$10			024.
2 Total number of individuals (including bu reportable compensation from the organ		1 to tr	iose	e list	ed : 1		e) w	no received m	ore than \$10	J,000 0	T	
					<u> </u>	1					Yes	No
3 Did the organization list any former of	fficar dirac	tor c	sr tr	uct	~~	kov c	mr	lovoo or high	ost compon	cated		
employee on line 1a? If "Yes," complete										1	3	~
											3	×
4 For any individual listed on line 1a, is the organization and related organizations												
individual										sucri	4 ×	
5 Did any person listed on line 1a receive of										vidual	- ·	
for services rendered to the organization											5	×
Section B. Independent Contractors	: 11 163, 0	,ompi	010	007	ieut		01 3	such person	<u></u>		5	· ^
1 Complete this table for your five highest	compensat	ed ind	dona	and	ont	contr	acti	ors that receive	d more than	\$100.0		
compensation from the organization. Rep												tax
year.	- sit oonipe			J. U		2.010	~ )	, cal chang wit		sigui		
(A)								(B)			(C)	
Name and business add	dress							Description of s	ervices	Co	ompensation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

### Part VIII Statement of Revenue

		Check if Schedule O	contains a res	ponse or note t	o any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	<b>1</b> a	Federated campaigns	s <b>1a</b>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b		-			
Ån G	с	Fundraising events	<b>1</b> c	506,078.				
ar /	d	Related organizations						
s, G	е	Government grants (con			-			
ion	f				-			
but		and similar amounts not inc		6,695,904.				
i tri	g	Noncash contributions includ		21,155.	-			
Contributions, and Other Simi	-	Total. Add lines 1a-1			7,201,982.			
ne				Business Code				
Program Service Revenue	2a	Grants for ser	vices	541100	2,328.	2,328.	0.	0.
Be	b	Legal fees and	awards	541100	2,731,776.	2,731,776.	0.	0.
vice	с							
Serv	d							
E	е							
ogra	f	All other program service						
Pro	g	Total. Add lines 2a-2	f	🕨	2,734,104.			
	3	Investment income						
		and other similar amo	,		64.	0.	0.	64.
	4	Income from investment	t of tax-exempt b	ond proceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal	-			
	6a	Gross rents			_			
	b	Less: rental expenses			_			
	С	Rental income or (loss)						
	d	Net rental income or (	/	🕨				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses .						
	с	Gain or (loss) .			-			
	d	Net gain or (loss) .		🕨				
Other Revenue	8a	Gross income from fu						
eve		events (not including \$ of contributions reported						
r B		See Part IV, line 18 .		107 (10				
the	h	Less: direct expenses			-			
Ò		Net income or (loss) f			220 126		0.	220 126
		Gross income from ga			-238,136.		0.	-238,136.
	, vu	See Part IV, line 19						
	b	Less: direct expenses	-		-			
	1	Net income or (loss) f						
	1	Gross sales of in	0 0					
		returns and allowance						
	b	Less: cost of goods s	old <b>b</b>		-			
		Net income or (loss) f		entory 🕨				
		Miscellaneous R		Business Code				
	11a	Other income		541100	1,679.	1,679.	0.	0.
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-			1,679.			
	12	Total revenue. See in	nstructions .		9,699,693.	2,735,783.	0.	-238,072.

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

	IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must con		-	s must complete colu	ımn (A).
	Check if Schedule O contains a respon			<u> </u>	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	587,734.	514,257.	21,842.	51,635.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,921,951.	2,552,913.	108,428.	260,610.
8	Pension plan accruals and contributions (include	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	section 401(k) and 403(b) employer contributions)	30,339.	26,507.	1,126.	2,706.
9	Other employee benefits	527,030.	459,714.	19,524.	47,792.
10	Payroll taxes	244,602.	213,710.	9,076.	21,816.
11	Fees for services (non-employees):				
а	Management	50,580.	32,102.	15,861.	2,617.
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	195,996.	124,067.	61,291.	10,638.
12	Advertising and promotion				
13	Office expenses	131,419.	100,125.	22,168.	9,126.
14	Information technology	40,733.	0.	40,733.	0.
15	Royalties	450.015		0.5.000	28.040
16		472,917.	408,736.	26,939.	37,242.
17 18	Travel	267,722.	232,118.	15,299.	20,305.
	for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings .	42,513. 1,137.	0.	0.	42,513.
20		1,137.	0.	1,137.	0.
21 22	Payments to affiliates	124,435.	107,548.	7,088.	9,799.
23		41,011.	35,812.	2,182.	3,017.
24	Other expenses. Itemize expenses not covered	11,011.	55,012.	2,102.	5,017.
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Dues, fees, seminars	37,549.	32,453.	2,139.	2,957.
b	Printing and reproduction	15,562.	13,450.	886.	1,226.
С	Public relations	68,761.	68,761.	0.	0.
d	Subcontractor expense	71,583.	71,583.	0.	0.
е	All other expenses	330,231.	294,432.	15,026.	20,773.
25	Total functional expenses. Add lines 1 through 24e	6,203,805.	5,288,288.	370,745.	544,772.
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 ▶ □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

	990 (20 1 <b>rt X</b>	· · · · · · · · · · · · · · · · · · ·			Page 11
га		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	1,340,328.	1	4,625,794.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,003,629.	3	1,695,689.
	4	Accounts receivable, net	550,000.	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		5	
ts	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 organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	35,000.	7	82,917.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	86,618.	9	76,671.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 639, 034.			
	b	Less: accumulated depreciation <b>10b</b> 443,765.	229,555.	10c	195,269.
	11	Investments-publicly traded securities	27,025.	11	37,355.
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	39,372.	15	41,736.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,311,527.	16	6,755,431.
	17	Accounts payable and accrued expenses	112,269.	17	113,650.
	18	Grants payable		18	
	19	Deferred revenue	261,783.	19	162,052.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties	20,610.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	11,703.	25	70,305.
	26	Total liabilities. Add lines 17 through 25	406,365.	26	346,007.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► ⊠ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,751,533.	27	4,644,168.
Ba	28	Temporarily restricted net assets	1,153,629.	28	1,765,256.
p	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	2,905,162.	33	6,409,424.
	34	Total liabilities and net assets/fund balances	3,311,527.	34	6,755,431.
					Form <b>990</b> (2018

	90 (2018)			Pa	ge <b>12</b>
Par	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)	1	9,6	99,6	93.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,2	03,8	05.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,4	95,8	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,9	05,1	62.
5	Net unrealized gains (losses) on investments	5		8,3	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	б,4	09,4	24.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled 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	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed 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 o		0.0		
	of the audit, review, or compilation of its financial statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements and selection of an independent account of the supervised statements account of the supervised statement		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2018)

# Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)	Continuation Statement
Description	
Stanford Law School offically launched the Religious Liberty Clinic	
on January 14, 2013.	

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name	of the organ	ization
The	Becket	Fund

tion.	Inspection
Employer identificati	ion number

52-1858532

Part I	Reason for Public Charity	Status (All organizations must complete this p	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

g rionae ale lelle milg internatio											
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
			Yes	No							
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Part	I Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		•				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,061,480.	6,194,659.	6,407,823.	6,247,519.	7,201,982.	31,113,463.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,061,480.	6,194,659.	6,407,823.	6,247,519.	7,201,982.	31,113,463.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						8,295,794.
<u>6</u>	Public support. Subtract line 5 from line 4						22,817,669.
	on B. Total Support	(-) 0014	(h) 0015	(-) 0010	(4) 0017	(-) 0010	
Calen 7	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total 31,113,463.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,185.	246.	6.	43.	64.	1,544.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,808.	948.	18.	14,745.	1,679.	19,198.
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc <b>First five years.</b> If the Form 990 is for the		,	· · · · · ·			31,134,205. 6,881,138. 20,501(c)(3)
10	organization, check this box and <b>stop he</b>	-			-		
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2018 (line			1. column (f)		14	73.29%
15	Public support percentage from 2017 Sc		•			15	62.71 %
16a	33 <sup>1</sup> /3% support test-2018. If the organ						
	box and stop here. The organization qua	alifies as a publ	licly supported	l organization			🕨 🗙
b	33 <sup>1</sup> / <sub>3</sub> % support test-2017. If the organ this box and stop here. The organization						
17a	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	<b>10%-facts-and-circumstances test</b> -2 15 is 10% or more, and if the organization Explain in Part VI how the organization is supported organization	ation meets th meets the "fac	e "facts-and-o ts-and-circum	circumstances stances" test.	"test, check The organizati	this box and on qualifies as	stop here.
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
0	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•	1		1	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,		+				
10	and 12.)						
14	<b>First five years.</b> If the Form 990 is for th	e organizatio	in's first secon	d third fourth	or fifth tax y	l par as a soctio	$p_{0} = 501(c)(3)$
14	organization, check this box and <b>stop he</b>	0					( )( )
Socti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			12 oolumn (f))		15	%
	Public support percentage from 2017 Sch						
16 Secti	on D. Computation of Investment In					16	%
	-			av line 19 acto	(f)	17	07
17	Investment income percentage for 2018 (			-			%
18							%
19a							
-	17 is not more than $33^{1}/_{3}\%$ , check this box	-	-	-		-	
b	$33^{1/3}$ % support tests – 2017. If the organiz						
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2

1

Yes No

Yes No

2a

2b

3a

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

instructions. All other Type III non-functionally integrated supporting organ Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	0		

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

Schedule A (Form 990 or 990-EZ) 2018

Part	e A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509(a)(3	N Supporting Organi	zations (continued)	Page <b>/</b>
		b) Supporting Organi		
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,

3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
Pt II Ln 10: Other Income Part II, Line 10 Description: Other income 2014: 1808.							
2015: 948. 2016: 18. 2017: 14745. 2018: 1679.							

	DULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047			
(Form	990 or 990-EZ)	For Or	ganizations Exempt From Income 1	ax Under section	501(c) and	d section 527	2018		
	ient of the Treasury Revenue Service		ete if the organization is described b Go to www.irs.gov/Form990 for ir	elow. 🕨 Attach t	to Form 990	or Form 990-EZ	Open to Public Inspection		
			," on Form 990, Part IV, line 3, or For		ne 46 (Polit	ical Campaign A	ctivities), then		
		0	Complete Parts I-A and B. Do not com	•					
	.,.		on 501(c)(3)) organizations: Complete F	arts I-A and C belov	v. Do not co	mplete Part I-B.			
	<ul> <li>Section 527 organizations: Complete Part I-A only.</li> <li>the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then</li> </ul>								
		-	that have filed Form 5768 (election und that have NOT filed Form 5768 (electio						
			," on Form 990, Part IV, line 5 (Proxy						
	ee separate inst								
• Se	ection 501(c)(4), (5	i), or (6) orga	nizations: Complete Part III.						
Name of	of organization					Employer ident	ification number		
	Becket Fun					52-18585			
Part	-		e organization is exempt unde	•	2		•		
1			the organization's direct and inc npaign activities")	direct political ca	mpaign ac	tivities in Part	IV. (see instructions for		
2	Political campa	aign activit	y expenditures (see instructions) .			► \$			
3			cal campaign activities (see instruc						
Part			e organization is exempt und						
1		•	excise tax incurred by the organiza						
2		-	excise tax incurred by organization	-					
3	-		ed a section 4955 tax, did it file For	-					
4a	Was a correcti						🔄 Yes 🔄 No		
b Part	If "Yes," descr		e organization is exempt und	or contion 501/c	avoont	soction 501/	0)(2)		
			ly expended by the filing organiz				c)(0).		
1	activities					► \$			
2	Enter the amo 527 exempt fu		filing organization's funds contrib	•		for section			
3			expenditures. Add lines 1 and 2.	Enter here and	on Form	1120-POL			
•	line 17b					· · · ► \$			
4	Did the filing o	rganizatior	file Form 1120-POL for this year?	?			🗌 Yes 🗌 No		
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	filing or	unt paid from ganization's none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)									
(2)									
(3)									
(4)									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 11/14/18 PRO BAA

(5)

(6)

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Schedule C (Form 990 or 990-EZ) 2018



EDULE C	
990 or 990-F7	

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (elec	ction under
Α	Ch	ieck 🕨		s to an affiliated group (and list in Part IV each affi	liated group membe	er's name,
			address, EIN, expenses, and s	hare of excess lobbying expenditures).		
B	Ch	ieck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.		
			Limits on Lobby	ving Expenditures	(a) Filing	(b) Affiliated
			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
•	la	Total lo	obbying expenditures to influence p	oublic opinion (grass roots lobbying)		
	b	Total lo	obbying expenditures to influence a	a legislative body (direct lobbying)		
	С	Total lo	obbying expenditures (add lines 1a	and 1b)		
	d	Other e	exempt purpose expenditures			
	е	Total e	exempt purpose expenditures (add	lines 1c and 1d)		
	f	Lobby	ing nontaxable amount. Enter th	ne amount from the following table in both		
	_	colum	าร.			
		If the ar	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$500,000	20% of the amount on line 1e.		
		Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		Over \$1	7,000,000	\$1,000,000.		
	g	Grassr	oots nontaxable amount (enter 259			
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0		
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0		
	j		e is an amount other than zero on ng section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes N

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
с	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

REV 11/14/18 PRO

Schedule C (Form 990 or 990-EZ) 2018

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

	(election under section 501(h)).					
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	iption of the lobbying activity.	Yes	No	A	nount	:
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)?		×			
С	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	Direct contact with legislators, their staffs, government officials, or a legislative body?	×			4,1	.32.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		× ×			
i			<u> </u>		4 1	2.0
j 2a	Total. Add lines 1c through 1i		×		4,1	.32.
za 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 .		H			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		)(5), c	or sec	tion		
					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		ļ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	· · ·	,	3		<u> </u>
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	2a			
b	Carryover from last year		2b			
С	Total	. [	2c			
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					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
-	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pari	IV Supplemental Information					<u> </u>

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Pt II-B Line 1: The Becket Fund is a nonprofit, public interest legal and educational

institution. As the only law firm focused on religious liberty that defends all

religious beliefs, Beckets expertise is unique. Becket has communicated with

officials regarding the Religious Freedom Restoration Act and how it functions

in federal courts, constitutional and legal protections for religious student

groups at public institutions of higher education, constitutional rights of religious

Supplemental Information (continued)

Part IV

exercise for military service members, religious protections for medical service
providers, and religious hiring exemptions and protections under federal law
for religious employers and employees.

SCHEDULE	D
(Form 990)	

Department of the Treasury

### **Supplemental Financial Statements**

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public

Internal F	Revenue Service	► Go to www.irs.gov/Form	990 for instructions and the latest inform	mation.	Inspection
Name o	f the organization	•		Employer ide	entification number
The	Becket Fur	nd		52-1858	3532
Par	t I Organi	izations Maintaining Donor Adv	rised Funds or Other Similar Fur	nds or Acc	ounts.
	Comple	ete if the organization answered '	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total number a	at end of year			
2	Aggregate valu	ue of contributions to (during year)			
3	Aggregate valu	ue of grants from (during year) .			
4		ue at end of year			
5			advisors in writing that the assets h		
	funds are the o	organization's property, subject to th	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗌 No
6			and donor advisors in writing that gra		
	only for charit	able purposes and not for the bene	fit of the donor or donor advisor, or f	or any othe	r purpose
					· · · 🗌 Yes 🗌 No
Part		rvation Easements.			
	Comple	ete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	1	
1	Purpose(s) of a	conservation easements held by the	organization (check all that apply).		
	Preservation	on of land for public use (e.g., recrea	tion or education) 🗌 Preservation o	f a historica	lly important land area
	Protection	of natural habitat	Preservation o	f a certified	historic structure
		on of open space			
2			eld a qualified conservation contribution	on in th <u>e for</u>	m of a conservation
	easement on t	he last day of the tax year.			Held at the End of the Tax Year
а	Total number	of conservation easements		2a	
b	Total acreage	restricted by conservation easement	S	2b	
С			nistoric structure included in (a)		
d			(c) acquired after 7/25/06, and not		
		•			
3		nservation easements modified, trans	sferred, released, extinguished, or ter	minated by	the organization during the
	tax year ►				
4		tes where property subject to conse			
5			garding the periodic monitoring, ins sements it holds?		
6	Staff and volunt	teer hours devoted to monitoring, inspe-	cting, handling of violations, and enforcin	ig conservati	on easements during the year
7		enses incurred in monitoring inspection	g, handling of violations, and enforcing	conservatio	n easements during the year
'	▶\$				
8			2(d) above satisfy the requirements of		
	and section 17				
9			conservation easements in its revenue		
			of the footnote to the organization's fir	nancial state	ements that describes the
	•	accounting for conservation easeme		0.1. 0.	
Part			s of Art, Historical Treasures, or		nilar Assets.
			"Yes" on Form 990, Part IV, line 8.		
1a			AS 116 (ASC 958), not to report in its		
			assets held for public exhibition, economic optimization of the second statements the		
b	works of art,		FAS 116 (ASC 958), to report in its assets held for public exhibition, ea ing to these items:		
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets inclu	uded in Form 990, Part X			▶ \$
2	If the organization	ation received or held works of art,	, historical treasures, or other simila FAS 116 (ASC 958) relating to these i	r assets for	
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .			▶ \$
b	Assets include	ed in Form 990, Part X			► \$

Schedu	le D (Form 990) 2018							Page <b>2</b>
Part	III Organizations Maintaining	<b>Collections of</b>	Art, His	torical 1	<b>Freasures</b>	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	e follov	ving that are a si	gnificant use of its
а	Public exhibition		d	🗌 Loan	or exchang	ge prog	rams	
b	Scholarly research							
с	Preservation for future generation	S						
4	Provide a description of the organiza XIII.		and expla	ain how t	hey further	the org	anization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta						r
Part		•						
	Complete if the organizatior 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?							t
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able:			
							Ar	nount
с	Beginning balance					10	;	
d	Additions during the year					1d		
е	Distributions during the year					1e	)	
f	Ending balance					1f		
2a	Did the organization include an amou					ustodia	account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P						•	
Par								
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	ə 10.		
	· · ·	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	the current vear er	l Id balanc	e (line 10	L L column (a	)) held	as.	
a	Board designated or quasi-endowme		%	o (into 19	, oolanni (a			
b	Permanent endowment ►	%						
c	Temporarily restricted endowment							
C	The percentages on lines 2a, 2b, and		00%					
3a	Are there endowment funds not in th			zation the	at are held	and ad	ministered for th	2
ou	organization by:		io organi			und dd		Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended uses	0				• •		50
Part		-						
1 and	Complete if the organization		" on For	m 990 F	Part IV line	a 11a	See Form 990	Part X line 10
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book value
	Description of property	(investm	nent)		other)	• • •	epreciation	
1a	Land		0.		0.			0.
b	Buildings				0.		0.	0.
С	Leasehold improvements				81,334.		58,213.	23,121.
d	Equipment				09,047.		109,868.	99,179.
е	Other				48,653.		275,684.	72,969.
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X	K, columr	n (B), line 10	)c.) .	►	195,269.

#### Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . . Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes <sup>(2)</sup>Leas<u>e payable</u> 70,305 (3)(4) (5) (6)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 70,305.

(7) (8)

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

Schedul	le D (Form 990) 2018				Page 4
Part				Returr	<b>).</b>
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	9,946,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	т. т			
а	Net unrealized gains (losses) on investments	2a	8,374.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	8,374.
3	Subtract line <b>2e</b> from line <b>1</b>			3	9,937,829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)		-238,136.		
_c	Add lines <b>4a</b> and <b>4b</b>			4c	-238,136.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,699,693.
Part				er Retu	irn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	6,441,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	238,136.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	238,136.
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,203,805.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ne 18.) .		5	6,203,805.
Part	XIII Supplemental Information.				
2; Parl	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part I, Line 4b: Special event expenses	to provi	de any additional in	formatio	on.
Pt X	II, Line 2d: Special event expenses				

Schedule D (Fo	chedule D (Form 990) 2018 Page 5					
Part XIII	Supplemental Information (continued)					

(Form 990 or 990-EZ) Complete in Department of the Treasury		al Information the organization ar organization ente ► Ar Go to www.irs.gov/	OMB No. 1545-0047					
	of the organization		ae te transigeri				Employer identi	
The	Becket Fun	d					52-185853	2
Par		sing Activities. 0-EZ filers are r				vered "Yes" on	Form 990, Part IV	, line 17.
1			•			wing activities	Check all that apply.	
'a	Mail solicita	•		e		on of non-govern		
b	Internet an	d email solicitatio	ns	f		on of governmen		
с	Phone solid	citations		g		fundraising event	-	
d	In-person s	solicitations						
2a							icers, directors, trus	
b	If "Yes," list th		l individuals or e	entities (fund			fundraising services nents under which t	?? <b>∐Yes ∐No</b> he fundraiser is to be
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3					ensed to s	olicit contributior	ns or has been noti	fied it is exempt from

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Dinner	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
	1	Gross receipts	703,688.			703,688.	
	2	Less: Contributions	506,078.			506,078.	
	3	Gross income (line 1 minus line 2)	197,610.			197,610.	
lses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	154,276.			154,276.	
Direct	8	Entertainment					
	9	Other direct expenses .	281,470.			281,470.	
	10	Direct expense summary. Ad Net income summary. Subtra	435,746.				
	11	-238,136.					
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.						

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Re	1	Gross revenue							
es	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
irect E	4	Rent/facility costs							
Ō	5	Other direct expenses .							
	6	Volunteer labor	□ Yes% □ No	│	☐ Yes% ☐ No				
	7								
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)					
9	9 Enter the state(s) in which the organization conducts gaming activities:								
		the organization licensed to co "No," explain:	<b>U</b>			🗌 Yes 🗌 No			
10	Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

\_\_\_\_\_

**b** If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2018	ſ	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	□ Yes □	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility         13a		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
		☐ Yes □	No
b	If "Yes," enter the amount of gaming revenue received by the organization  \$and the		
	amount of gaming revenue retained by the third party  \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes □	No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns ( Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE J (Form 990)		Compensation Information	OMB No. 1545-0047				
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	18	3		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	o Pul	blic		
Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	Inspe				
	f the organization	Employer identificatio	n number				
The Part	Becket Fun	ad 52-1858532					
rart	Questions	s negarang compensation		Yes	No		
<b>1</b> a		propriate box(es) if the organization provided any of the following to or for a person listed on Fo section A, line 1a. Complete Part III to provide any relevant information regarding these items.	rm				
		or charter travel					
	Travel for c						
		nification and gross-up payments					
	Discretiona	ry spending account					
b		poxes on line 1a are checked, did the organization follow a written policy regarding payme nent or provision of all of the expenses described above? If "No," complete Part III					
	explain		1b				
0							
2		nization require substantiation prior to reimbursing or allowing expenses incurred by tees, and officers, including the CEO/Executive Director, regarding the items checked on li					
			2				
3		n, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	_				
		zation to establish compensation of the CEO/Executive Director, but explain in Part III.	a				
	-	tion committee					
		nt compensation consultant					
	🗌 Form 990 o	of other organizations					
4		ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing unization or a related organization:					
а	-	Receive a severance payment or change-of-control payment?					
b		Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
С	Participate in, or receive payment from, an equity-based compensation arrangement?				×		
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.					
5	For persons lis	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the revenues of:					
а	•	on?			×		
b	•	ganization?	5b		×		
	II TES ON IINE	ש ש ש ש ש ש ש ש ש ש ש ש ש ש ש ש ש ש ש					
6		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	•	ion?			××		
b		Any related organization?					
7		or persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe ayments not described on lines 5 and 6? If "Yes," describe in Part III					
8	Were any amo	ounts 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," descri	be				
	In Part III		8		×		
9	lf "Yes" on li	ne 8, did the organization also follow the rebuttable presumption procedure described	in				
Ŭ		ection 53.4958-6(c)?					

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 99	00. 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Montse Alvarado	(i)	204,407.	0.	0.	6,150.	5,566.	216,123.	0.
1 VP & Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
Eric Baxter	(i)	182,066.	0.	0.	5,550.	39,927.	227,543.	0.
<b>2</b> VP & Senior Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
Luke Goodrich	(i)	184,419.	0.	0.	0.	30,495.	214,914.	0.
3 VP & Senior Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
Eric Rassbach	(i)	184,497.	0.	0.	5,550.	32,674.	222,721.	0.
4 VP & Senior Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
Lori Windham	(i)	160,317.	0.	0.	4,847.	24,891.	190,055.	0.
5 Senior Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
Mark Rienzi	(i)	263,348.	0.	0.	7,913.	33,109.	304,370.	0.
6 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Daniel Blomberg	(i)	154,225.	0.	0.	4,650.	29,832.	188,707.	0.
7 VP & Senior Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
BAA		F	REV 11/05/18 PRO				Scl	nedule J (Form 990) 2018

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Part III	Supplemental Information
Provide the	ne 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 ac	dditional information.

Schedule J (Form 990) 2018

SCI	IED	ULE	L

### (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

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

▶ 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.

OMB No. 1545-0047 B

spection

Public

Department of the Treasury Internal Revenue Service
Name of the execution

Part III

#### Name of the organization

The Becket Fund

Employer identification number

	52-1858532	
- 1		

#### 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 disgualified person	(b) Relationship between disqualified person and	(c) Description of transaction		rected?
•		organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurre	ed by the organization managers or disc	qualified persons during the year		
	under section 4958				
3	Enter the amount of tax, if any, o	on line 2, above, reimbursed by the organi	zation		

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 Ioan	from	an to or 1 the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In c	lefault?		ard or	(i) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		•				

### 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 11/06/18 PRO BAA

Schedule L (Form 990 or 990-EZ) 2018

# Part IVBusiness Transactions Involving Interested Persons.<br/>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	<b>(e)</b> Sha organiz rever	ation's
				Yes	No
(1) Katherine Geary	Daughter of CEO and Board Chair	56,760.	Salary and benefits		×
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part VSupplemental Information.Provide additional information for	or responses to questions	on Schedule L (see	instructions).		


SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Complete to provide information for resp Form 990 or 990-EZ or to provide a ► Attach to Form 990	oonses to specific questions ny additional information.	t t t t t t t t t t t t t t t t t t t	OMB No. 1545-0047
Internal Revenue Service	► Go to www.irs.gov/Form990 fo			Inspection
Name of the organization The Becket Fund	3		Employer identifica	ation number
		ł		
Pt VI, Line 11k	o: A copy of the 990 is emailed to	the members of th	ne governin	ıg
body.				
Pt VI, Line 12d	: The conflict of interest policy	is completed as r	part of the	
organization's				
Pt VI, Line 15a	a: The organization reviews the co	mpensation paid by	y similar o	rganizations.
Pt VI, Line 15k	o: The organization reviews the co	mpensation paid by	y similar o	rganizations.
Pt VI, Line 19:	No documents are available to th	e public at this t	ime.	
Other: Page 9 E	Part VIII line 8 and Schedule G pa	ge 2		
NET EC	CONOMIC BENEFIT FROM CANTERBURY DI	NNER:		
Canterbury Dir	nner revenue	\$703,688		
Canterbury Dir	nner expenses	(435,746)		
NET ECONOMIC E	BENEFIT FROM CANTERBURY DINNER	197,610		
Less contribut	ions included on page 1 line 8	(506,078)		
Net loss repor	rted on schedule G page 2 line 11	(238,136)		
<u>+</u>	<u>+</u>			
Other: Page 2 H	Part III Line 4: Becket is a non-p	rofit, public-inte	erest law f	irm
with a mission	to protect the free expression of	all faiths. Becke	et exists t	.0
vindicate a sim	mple but frequently neglected prin	ciple: that becaus	se the reli	gious
impulse is natu	ural to human beings, religious ex	pression is natura	al to human	L
culture. We adv	vance that principle in three aren	as-the courts of ]	law, the co	ourt

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>					
Name of the organization	Employer identification number					
The Becket Fund	52-1858532					
of public opinion, and the academy-both in the United States and ab	road. At					
Becket we have defended the religious rights of people from "A to Z	Becket we have defended the religious rights of people from "A to Z," from Anglicans					
to Zoroastrians. Our supporters represent a myriad of religions, bu	t they all					
share our common vision of a world where religious freedom is respe	cted as a					
fundamental human right that all are entitled to enjoy and exercise	. Becket relies					
on its own legal team, and its lawyers are renowned experts in liti	gating this					
particular aspect of constitutional law.						
Other: Page 2 Part III Line 4: Buck v. Gordon: We represent St. Vin	cent Catholic					
Charities, a foster and adoption placement agency whose contract wa	s terminated					
due to their religious beliefs on marriage and family. We did not c	harge any					
fees or seek a fee award from the opposing party.						
Other: Page 2 Part III Line 4: Business Leaders in Christ v. Univer	sity of Iowa:					
We represent Business Leaders in Christ, a religious student group	at the University					
of Iowa, defending the students' right to organize and be treated o	n equal terms					
as any other student group. We are not charging any fees, but will	seek fees					
and costs from the opposing party if the suit is successful.						
Other: Page 2 Part III Line 4: California v. Azar: We represent the	Little Sisters					
of the Poor, defending a regulatory religious accommodation to the	HHS contraception					
mandate issued under the Affordable Care Act, which has been challe	nged by the					
State of California, among other states. We are not charging any fe	es and will					
not have opportunity to seek fees from the opposing party.						
Other: Page 2 Part III Line 4: Chung v. WIAA: We represent Seventh-	day Adventist					
student athletes who were barred by the Washington Interscholastic	Activities					

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
The Becket Fund	52-1858532
Association from participating in athletic competitions due to reli	gious Sabbath
observance. We did not charge any fees, but will seek fees and cost	s from the
opposing party if the suit is successful.	
Other: Page 2 Part III Line 4: Colorado Christian University v. Aza	r: We represented
Colorado Christian University in a lawsuit in Colorado against the	HHS contraception
insurance mandate issued under the Affordable Care Act. We did not	charge the
client any fees, but obtained a fee award from the opposing party i	n the amount
of \$175,000.	
Other: Page 2 Part III Line 4: Dumont v. Lyon: We represented St. V	incent Catholic
Charities' right to provide services to foster families and childre	n in a manner
consistent with the religious beliefs. We did not charge any fees o	r seek a fee
award from the opposing party.	
Other: Page 2 Part III Line 4: Eastern Texas Baptist University v.	Azar: we
represented Eastern Texas Baptist University and Houston Baptist Un	iversity in
a lawsuit in Texas against the HHS contraception mandate issued und	er the Affordable
Care Act. We did not charge the client any fees, but obtained a fee	award from
the opposing party in the amount of \$637,740.	
Other: Page 2 Part III Line 4: First Resort, Inc. v. Herrera: We re	presented
First Resort, a pregnancy support services center, in challenging a	San Francisco
ordinance that restricted First Resort's free speech rights. We did	not charge
any fees or seek a fee award from the opposing party.	
Other: Page 2 Part III Line 4: Fitzgerald v. Archdiocese of Indiana	polis: We

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
The Becket Fund	52-1858532
represent the Archdiocese of Indianapolis in a suit involving nonre	enewal of employment
contracts for Catholic high school teachers who violated Catholic t	eachings by
entering into a same-sex marriage. We did not charge any fees or se	ek fees from
the opposing party.	
Other: Page 2 Part III Line 4: Franciscan Alliance v. Price: We rep	present Franciscan
Alliance, Specialty Physicians of Illinois, and the Christian Medic	cal and Dental
Associations in a Texas lawsuit against the HHS medical transition	mandate issued
under the Affordable Care Act. We are not charging any fees, but wi	ill seek fees
and costs from the opposing party if the suit is successful.	
Other: Page 2 Part III Line 4: Freedom from Religion Foundation v.	Lehigh County:
We successfully defended the decision of Lehigh County, Pennsylvani	ia, not to
remove an image of a cross that is included on the County seal and	flag along
with a dozen other images that have historical, economic, and cultu	ral significance
to the County. We did not charge any fees and did not have opportur	nity to seek
fees from the opposing party.	
Other: Page 2 Part III Line 4: Freedom from Religion Foundation v.	Morris County
Board of Shareholders: We represented the right of the Morris Count	ry Board of
Shareholders to include religious organizations in a historic prese	ervation grant
program. We did not charge any fees or seek fees from the opposing	party.
Other: Page 2 Part III Line 4: Fulton v. City of Philadelphia: We r	represent
Catholic Social Services' right to provide services to foster famil	lies and children
in a manner consistent with its religious beliefs. We are not charg	
but will seek fees and costs from the opposing party if the lawsuit	is successful.
bac will been reep and coped from the opposing party if the rawbard	

Page 2 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number The Becket Fund 52-1858532 Other: Page 2 Part III Line 4: Gaylor v. Mnuchin: We represented a church in Chicago defending a 65-year-old provision of the tax code that includes religious leaders in a category of employees who are entitled to a tax exemption for their employer-provided housing allowance because they are required to live near their place of employment. We did not charge any fees or seek fees from the opposing party. \_\_\_\_\_ Other: Page 2 Part III Line 4: IVCF v. University of Iowa: We represent InterVarsity Christian Fellowship/USA and its student chapter at the University of Iowa, defending the organization's right to equal treatment in terms of its ability to select leaders who support its mission. We are not charging any fees, but will seek fees and costs from the opposing party if the suit is successful. Other: Page 2 Part III Line 4: IVCF v. Wayne State: We represent InterVarsity Christian Fellowship/USA and its student chapter at Wayne State University, defending the organization's right to equal treatment in terms of its ability to select leaders who support its mission. We are not charging any fees, but will seek fees and costs from the opposing party if the suit is successful.

Other: Page 2 Part III Line 4: Kondrat'yev v. City of Pensacola: We are defending the City of Pensacola's decision not to remove from one of its parks a historic cross that was erected during World War I. We are not charging any fees and will not have opportunity to seek fees from opposing counsel.

Other: Page 2 Part III Line 4: Little Sisters of the Poor v. Azar: We represented an order of Catholic sisters and their employees in a suit against the HHS contraception

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
The Becket Fund	52-1858532
insurance mandate issued under the Affordable Care Act. We did not	charge the
client any fees, but obtained a fee award from the opposing party i	n the amount
of \$637,740.	
Other: Page 2 Part III Line 4: New York v. HHS: We represent Dr. Fr	ost and the
Christian Medical and Dental Associations arguing that no healthcar	e professional
should be forced to choose between violating her conscience or prov	iding compassionate
medical care. We are not charging any fees, but will seek fees and	costs from
the opposing party if the suit is successful.	
Other: Page 2 Part III Line 4: Obria v. HHS: We represented a faith	-based medical
clinic, Obria, against HHS over family planning program rules which	violated
First Amendment rights. We did not charge any fees or seek a fee aw	ard from the
opposing party.	
Other: Page 2 Part III Line 4: Our Lady of Guadalupe v. Morrisey-Be	erru: We represent
Our Lady of Guadalupe (Catholic school) in a case dealing with the	ministerial
exception. The case will be heard by the Supreme Court this term. W	Je did not
charge any fees or seek a fee award from the opposing party.	
Other: Page 2 Part III Line 4: Patterson v. Walgreens: We represent	
a Seventh-day Adventist employee of Walgreens who was terminated du	e to his refusal
to work on his Sabbath. We did not charge any fees or seek a fee aw	vard, but will
seek fees and costs from the opposing party if the suit is successf	ul.
Other: Page 2 Part III Line 4: Payne-Elliott v. Archdiocese of Indi	anapolis:
We represent the Archdiocese of Indianapolis in a suit involving no	onrenewal of

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
The Becket Fund	52-1858532
employment contracts for Catholic high school teachers who violated	Catholic
teachings by entering into a same-sex marriage. We did not charge a	ny fees or
seek fees from the opposing party.	
Other: Page 2 Part III Line 4: Pennsylvania v. Trump: We represent	the Little
Sisters of the Poor, defending a regulatory religious accommodation	to the HHS
contraception mandate issued under the Affordable Care Act, which h	as been challenged
by the State of Pennsylvania, among other states. We are not chargi	ng any fees
and will not have opportunity to seek fees from the opposing party.	
Other: Page 2 Part III Line 4: Reaching Souls v. Azar: We represent	ed Reaching
Souls and others in a suit against the HHS contraception insurance	mandate issued
under the Affordable Care Act. We did not charge the client any fee	s, but obtained
a fee award from the opposing party in the amount of \$637,740.	
Other: Page 2 Part III Line 4: Ricks v. State of Idaho Contractors	Board: We
represent George Ricks who asked for an exemption from Idaho's requ	irement that
he provide his Social Security Number on his application for a cont	ractor's license,
as doing so violates his religious beliefs. We are not charging an	y fees and
will not have opportunity to seek a fee award from the opposing par	ty.
Other: Page 2 Part III Line 4: St. James School v. Biel: We represe	nt St. James
School (Catholic school) in a case dealing with the ministerial exc	eption. The
case will be heard by the Supreme Court this term. We did not charg	e any fees
or seek a fee award from the opposing party.	
Other: Page 2 Part III Line 4: Slockish v. U.S. Federal Highway Adm	inistration:

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
	Employer identification number
The Becket Fund	52-1858532
We represent several members of the Klickitat and Cascade Tribes of	the Yakima
Nation, located in Washington State, in a suit seeking damages afte	r a highway
project demolished sacred burial sites. We are not charging any fee	s, but will
seek fees and costs from the opposing party if the suit is successf	ul. Case still
being litigated.	
Other: Page 2 Part III Line 4: Starkey v. Archdiocese of Indianapol	is: We represent
the Archdiocese of Indianapolis in a suit involving nonrenewal of e	mployment
contracts for Catholic high school teachers who violated Catholic t	eachings by
entering into a same-sex marriage. We did not charge any fees or se	ek fees from
the opposing party.	
Other: Page 2 Part III Line 4: State ex rel. Moses v. Skandera: We	represented
private schools in a case defending the use of state money for secu	lar textbooks.
We did not charge any fees or seek fees from the opposing party.	
Other: Page 2 Part III Line 4: Texas v. Azar: We represent the Arch	diocese of
Galveston-Houston as co-plaintiffs in a challenge to the federal ru	le regarding
nondiscrimination in foster case. We did not charge any fees or see	k fees from
the opposing party.	
Other: Page 2 Part III Line 4: University of Mary v. Azar: We repre	sent the
University of Mary; the Religious Sisters of Mercy: the Sacred Hear	t Mercy Health
Care Center of Jackson, MN; the Sacred Heart Mercy Health Care Cent	er of Alma,
MI; and SMP Health System in a North Dakota law suit against the HH	S medical
transition mandate issued under the Affordable Care Act. We are not	charging
any fees, but will seek fees and costs from the opposing party if t	he suit is

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
	Employer identification number
The Becket Fund	52-1858532
successful.	
Other: Page 2 Part III Line 4: Wheaton College v. Azar: We represer	atod Wheaton
other. Page 2 Part III line 4. Wheaton correge V. Azar. we represe	
College in a suit against the HHS contraception insurance mandate	issued under
the Affordable Care Act. We did not charge the client any fees, but	obtained
a fee award from the opposing party in the amount of \$642,190.	
Other: Page 2 Part III Line 4: Whole Woman's Health v. Smith: We re	epresented
the Texas Catholic Conference defending against a third-party subpo	oena seeking
details about its internal deliberations. We did not charge any fee	es or obtain
a fee award from the opposing party.	
Pt IX, Line 11g:	
Description: Payroll	
Total: \$75,748	
Program services: \$47,949	
Management and general: \$23,688	
Fundraising: \$4,111	
Description: Accounting	
Total: \$119,334	
Program services: \$75,539	
Management and general: \$37,318	
Fundraising: \$6,477	
Description: Other	
Total: \$914	
Program services: \$579	
Management and general: \$285	
Fundraising: \$50	
Lanararenid. 200	

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
The Becket Fund	52-1858532
Pt IX, Line 24e:	
Description: Litigation	
Total: \$66,453	
Program services: \$66,453	
Management and general: \$0	
Fundraising: \$0	
Description: Communications	
Total: \$68,023	
Program services: \$58,791	
Management and general: \$3,875	
Fundraising: \$5,357	
Description: Books and subscriptions	
Total: \$195,755	
Program services: \$169,188	
Management and general: \$11,151	
Fundraising: \$15,416	

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

The Becket Fund

## Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr ent	(g) tion 512(b)(13) controlled entity?	
						Yes	No	
(1) The Becket Reserve 52-2193473 1200 New Hampshire Ave. NW Washington DC 20036	Dormant	DC	501(c)(3)	т	N/A		×	
(2)			501(0)(0)	-				
(3)								
(7)								

OMB No. 1545-0047

2018

**Open to Public** 

Inspection

Employer identification number

52-1858532

#### Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (e) (g) (i) (k) (a) (b) (c) (d) (f) (h) (i) Name, address, and EIN of Primary activity Predominant Legal Direct controlling Share of total Share of end-of- Disproportionate Code V-UBI General or Percentage related organization income (related, allocations? domicile entity income year assets amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No (1)

_(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

## Part IV

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 5 contr enti	) 12(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

BAA

Part V

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one of	or more related organ	nizations listed in Parts			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a	×
b	Gift, grant, or capital contribution to related organization(s)				16 1b	×
c	Gift, grant, or capital contribution from related organization(s)				1c	×
d	Loans or loan guarantees to or for related organization(s)				1d	×
	Loans or loan guarantees by related organization(s)				1e	×
е					le	
f	Dividends from related organization(s)				1f	×
-	5 (7)					×
g	Sale of assets to related organization(s)				1g	×
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	×
J	Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	×
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	×
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×
0	Sharing of paid employees with related organization(s)				10	×
р	Reimbursement paid to related organization(s) for expenses				1p	×
q	Reimbursement paid by related organization(s) for expenses				1q	×
r	Other transfer of cash or property to related organization(s)				1r	×
S	Other transfer of cash or property from related organization(s)				1s	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, inclu	uding covered relation	ships and transaction	thresh	olds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining a	amount in	volved
		type (a-s)				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
BAA	REV 05/17/19 PRO			Schedule R (	(Form 99	90) 2018

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

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)			<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

BAA

Schedule R (Form 990) 2018 Page 5					
	Supplemental Information.				
Part VII	Provide additional information for responses to questions on Schedule R. See instructions.				
	<u> </u>				

Form 990 p 9: Line &c Column D\_\_\_\_\_

See schedule O comment on net benefit from auction

Sch. G, page 2: Net income summary

# NET ECONOMIC BENEFIT FROM CANTERBURY DINNER:

Canterbury Dinner revenue	\$703,688
Canterbury Dinner expenses	(435,746)
NET ECONOMIC BENEFIT	
FROM CANTERBURY	
DINNER	197,610
Less contributions included	
on page 1 line 8	(506,078
Net loss reported on schedule	
G page 2 line 11	\$(238,136)