Form **990** 

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

OMB No. 1545-0047

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

2017

Der	artment of	the Treasury	▶ Do not enter social security numbers on this form as it may I	e made publ	lic.	Open to Public
Inte	rnal Reven	ue Service	▶ Go to www.irs.gov/Form990 for instructions and the latest			Inspection
A	For the	2017 calen	dar year, or tax year beginning Oct 1 , 2017, and endi		ep 30	,2018
В			Name of organization The Becket Fund	.ig 56		yer identification number
	Address		Doing business as		200 15	
П	Name ch		Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uito		858532 one number
$\exists$	Initial ret		1200 New Hampshire Ave. NW 700	uite		
			(202	) 955-0095		
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
H	Amende		Washington, DC 20036		<b>G</b> Gross r	eceipts \$ 7,568,798.
П	Applicati	on pending F	Name and address of principal officer:			subordinates? Yes X No
_			Montse Alvarado, 1200 New Hampshire Ave. NW, Washington, DC 20			
	Tax-exer	npt status:	X 501(c)(3)	If "N	No," attach	a list. (see instructions)
J	Website	. ► ww	w.becketlaw.org	H(c) Group	exemption	number ▶
K	100000		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms	tion: 199	3 M State	of legal domicile: DC
P	art I	Summa				
	1	Briefly des	cribe the organization's mission or most significant activities: Publ	ic inter	est le	gal activities
e	1					gar accivicies
ā						
eп	2	Check this	box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets
Š	3	Number of	voting members of the governing body (Part VI, line 1a)	or more than	3	14
ø	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	13
es	5	Total numb	and the dividual to the second of the second			
Z.			per of volunteers (estimate if necessary)			50
Activities & Governance	7a	Total uprob	ated business revenue from Part VIII, column (C), line 12		6	0
-					7a	0.
_		ivet uniterat	ed business taxable income from Form 990-T, line 34		7b	23,689.
		د د داله د ماله	no and surety (Dod VIII Par 41)	Prior Ye	ear	Current Year
P			ns and grants (Part VIII, line 1h)	**	7,823.	6,247,519.
/en			3,622.	933,079.		
Revenue	10	Investment	4,952.	262.		
E.O.			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-212	2,362.	-198,755.
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,131.	6,982,105.
			similar amounts paid (Part IX, column (A), lines 1-3)	The state of the s	1,898.	244,579.
	14	Benefits pa	id to or for members (Part IX, column (A), line 4)			
S			ner compensation, employee benefits (Part IX, column (A), lines 5-10)	4.028	3,751.	4,143,558.
Expenses			al fundraising fees (Part IX, column (A), line 11e)		2,000.	1/110/0001
be	b ·	Total fundra	aising expenses (Part IX, column (D), line 25)  480,802.			NAME OF TAXABLE PARTY OF TAXABLE
ũ	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	2 100	5,620.	1 007 170
			ises. Add lines 13–17 (must equal Part IX, column (A), line 25)	The second second second		1,987,172.
	19	Revenue le	ss expenses. Subtract line 18 from line 12	1000 A BIO N	1,269. 2,862.	6,375,309.
- S				Beginning of Cu		606,796. End of Year
Net Assets or Fund Balances	20	Total assets	s (Part X, line 16)			
Ass	21		ies (Part X, line 26)	District Name	3,459.	3,311,527.
Net	22 1		or fund balances. Subtract line 21 from line 20	a tree is a late track. The second of the	0,093.	406,365.
	rt II	Signatu		2,298	3,366.	2,905,162.
(mar.)						
true	der penalti	es of perjury, and complete	l declare that I have examined this return, including accompanying schedules and state. Declaration of preparer (other than officer) is based on all information of which prepare	ments, and to the	he best of n	ny knowledge and belief, it is
	, 550,550,	A X (I)	Document of property team and the property	nas any knowi	eage.	
Ci~	_	1/2/5	1 / JUDING .		81131	2019
Sig			e of officer	Da	te	
Hei	re		a Montserrat Alvarado, Executive Director			
			print name and title			
Pai	id	Print/Type	preparer's name Preparer's signature Da	itef 1.	Check [	T if PTIN
	parer	Corrie	Scott (invacett	49119		loyed P01295891
	e Only			Firm	's EIN ▶	1-1-1-10072
<b>-</b> 3	Comy					03)272-7109
May	the IRS	discuss the	nis return with the preparer shown above? (see instructions)			· . X Yes No
			1	<u></u>		· · ☑ tes ☐ 140

## Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or The Becket Fund print 52-1858532 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 1200 New Hampshire Ave. NW, #700 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See Washington DC 20036 instructions Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 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. I request an automatic 6-month extension of time until Aug 15 , 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► □ calendar vear 20 ▶ 🛘 tax year beginning Oct 1 , 20 17 , and ending Sep 30 , 20 18 . 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. 0. 3a 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

	-		V	L 84-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
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? If "Yes," complete Schedule C, Part 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</i> "Yes," <i>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? If "Yes," complete Schedule C,			
	Part III	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? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>-</del>		<del>                                     </del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		er constanting	lesummir.
h	complete Schedule D, Part VI	11a	_×	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
þ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
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)? If "Yes," complete Schedule D, Part X	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	×	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.415		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		<u>×</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	.	<u>×</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>×</u>	
	If "Yes," complete Schedule G, Part III	19		×
			990	
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Part	Checklist of Required Schedules (continued)			-
			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	١		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	_×	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00		١.,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		×
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	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?			
a		24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	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	ZJa	-	_^_
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
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			
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2.04	TAKES.	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	THE PROPERTY.	X
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) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
00		28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	×	
	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		<u>×</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		i	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
<b>U</b> T	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	$\stackrel{\frown}{}$	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		i	
	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? If "Yes," complete Schedule R, Part VI		[	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u> </u>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
			990	(2017)

Form 9	90 (2017)		Pag	e <b>5</b>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	[	$\Box$
4.			Yes N	0
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	引翻		
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	山脈群		
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	democratical lateral	क्टक <b>ा</b>
Zu	Obstance who file of Court of the observation of the state of the stat			
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  Statements, filed for the calendar year ending with or within the year covered by this return  [5c]	- STOREGE		
, D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <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)	2b	X	\$580
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1021		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	×	<u>&lt;</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		—
	over, 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: ▶	+a	X	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	×	2991 (
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	×	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
_	organization solicit 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?			
la.		7a	X	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ŭ	required to file Form 8282?	_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	X	Electric Control
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e   7f	$\frac{\times}{\times}$	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	×	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		· · · · · · · · · · · · · · · · · · ·	130
	sponsoring organization have excess business holdings at any time during the year?	8	×	264
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	×	
10	Section 501(c)(7) organizations. Enter:			Ž.
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 . 10b		10 e   15	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			Ä
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	·			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	SANGLES HE SHIP COM	্ব বি
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	40	each sid	
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		<b>#</b>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	×	<u> 199</u>

14b

Parl	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	see in:	struc	tions.
Sect	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year .   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent  1b 13  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	*	×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		× × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a 8b	×	×
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	)
100	Did the everying tier have legal about as how the second of the every how the every ho		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	_
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	×	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13 14	×	×
a b	The organization's CEO, Executive Director, or top management official	15a 15b	×	#40.2 2 3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	)(3)s	only)
19 20	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and rec		٠	, and
	Montse Alvarado, 1200 New Hampshire Ave. NW Suite 700, Washington, DC 20036 (2)			100E

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

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

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

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

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

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.

	T	T .		(1	C)				t officer, directo	.,
(A)	(B)	/do r	Position do not check more than one					(D)	(E)	(F)
Name and Title	Average hours per	werage box, unless person is					an an	Reportable	Reportable	Estimated
	week (list any	<del> </del>	1	_	_	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Clayton Christensen	2.00									
Director		×		L.,				0.	0.	0.
(2) Sean Fieler Director	2,00	×						o.	0.	0.
(3) John Garvey Secretary	2.00	×		X				0.	0.	0.
(4) Robert George Director	2.00	×						0.	0.	0.
(5) Mary Ann Glendon Director	2.00	×	·			-		0.	0.	0.
(6) Kevin Hasson Director/President Emeritus	2.00	×		×				0.	0.	0.
(7) Russell Moore Director	200	×						0.	0.	0.
(8) William Mumma CEO and Board Chair	2,00	×		×				0.	0.	40,078.
(9) Meir Soloveichik Director	2.00	×						0.	0.	0.
(10) Lance Wickman Director	2.00	×						0.	0.	0.
(11) David Weidman Treasurer	2.00	×		×				0.	0.	0.
(12) John Huleatt Director	2.00	×						0.	0.	0.
(13) Leonard Leo Director	2.00	×						0.	0.	0.
(14) Robert Neal Director	2.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors, Trus	lees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(contin	nued)
					•	C)						
	(A) Name and title	(B) Average hours per	box,	ot ch unles	eck s pe	rson	than o is both or/trusi	n an	( <b>D)</b> Reportable compensation	(E) Reports compensati		(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	tions	other compensation from the organization and related organizations
	ntse Alvarado	40.00			.,							
(16) Er	& Executive Director ic Baxter	40.00		ï	×		<b>*</b>		204,407.		0.	10,417.
	& Senior Counsel ke Goodrich	40.00					×		182,066.		_ 0.	39,209.
VP	& Senior Counsel						×		184,419.		0.	27,476.
VP	ic Rassbach & Senior Counsel	40.00					×		184,497.		0.	34,611.
	niel Blomberg nior Counsel	40.00					×		1.4 00.			
	rk Rienzi	40.00					^		154,225.		0.	32,767.
Pr	esident						×		263,348.		0.	33,365.
(21)					ı					l		
(22)			-			i					•	
(23)								-		, , , ,		, , <u>, , , , , , , , , , , , , , , , , </u>
(24)					$\dashv$							
(25)					_	$\dashv$				.,	1	
1b 5	Sub-total							<b>-</b>	1,172,962.	-	0.	217,923.
	Fotal from continuation sheets to Part	VII, Section	n A				. 1	▶ [				211,020.
<u>d</u> 2	Fotal (add lines 1b and 1c)						<u> </u>		1,172,962.		0.	217,923.
	Total number of individuals (including but eportable compensation from the organiz	not limited ation ►	to the	ose i	liste	ed a		) wr	no received mo	ore than \$1	00,000	) of
<b>3</b> [	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct Ichedule J	or, or for su	r tru ch ir	ıste ndiv	e, k vidu	key e al .	mpl	oyee, or highe	est compe	ensated	
i	For any individual listed on line 1a, is the organization and related organizations on organizations of the control of the con	greater tha	ın \$18 	50,0 	001	? If •	"Yes	," (	complete Sch	edule J fo	or such	9 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
<b>5</b> [	Did any person listed on line 1a receive or or services rendered to the organization?	accrue co	mpen omple	satio	on f <i>che</i>	ron edul	n any le <i>J fo</i>	unr or st		ation or inc		5 ×
	B. Independent Contractors											
C	Complete this table for your five highest compensation from the organization. Reporter.	ompensate ort compen	d inde satior	eper 1 for	nde the	nt c e ca	ontra lenda	icto ar ye	rs that received ear ending with	d more the or within	n \$100 the org	0,000 of ganization's tax
	(A) Name and business addre	ess							(B) Description of se	rvices		(C) Compensation
Yello	w Line Digital, P.O. Box 2739	, Escond	i.do	, (	CA	92	033 [	Dig	ital Commun	ications		132,195.
										·		
2 T	otal number of independent contractor eceived more than \$100,000 of compensa	s (including tion from th	g but ie org	not aniz	t lir atio	nite n ▶	d to	tho	se listed abo	ve) who		(angle) in the second of the s

	990 (20 <sup>-</sup>	,						Page 9
Par	t VIII				***************************************			
100,000,000	Ghfuz Neuroes	Check if Schedule (	O contains a res	ponse or note t			<u> </u>	<u></u> <u></u>
				40 - 14 <u>14 1</u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	l 1a	Federated campaign				10 00 E G W		<b>建一种原则</b>
Gra	b	•	<u>1b</u>					
Ą,(	С	Fundraising events .		699,365.	]		1.7	1111
Gifts, ilar An	d					· 6.2 3.3 4.3 4.4	are service	Control of the Salar
ξĘ	Ө	Government grants (cor					4	
퉏	f	All other contributions, g						
윤동		and similar amounts not inc		5,548,154.				
Contributions, and Other Sim	g	Noncash contributions inclu	•	237,941.				1
	h	Total. Add lines 1a-1	<u>lf</u>	<u> </u>	6,247,519	. (2)		
Program Service Revenue				Business Code	e de la companya de l			
eVe	2a	Grants for ser		541100	244,579.	244,579.	0.	0.
e K	b	Legal fees and	awards	541100	688,500.	688,500.	0.	0.
-8	С	***************************************						
Se	q							
Щ	e		***					
ığo,	f	All other program ser						
<u>~</u>	g	Total. Add lines 2a-2		<u> </u>	933,079.			
	3	Investment income						
		and other similar amo	•		43.	0.	0.	43.
	4	Income from investmen	it of tax-exempt be	ond proceeds				
	5	Royalties	r		The second second second second second second	Z AMERICAN MATERIAL M		
	١.		(f) Real	(ii) Personal				April 1985 April 1985
	6a	Gross rents .						
	b	Less: rental expenses						
	C.	Rental income or (loss)		L		at in the second		
	d	Net rental income or (	<u> </u>		The state of the s	p bolika ti umaken marin wakin samena ka ki kina maraka	distance and vivores and home distance for the second	7.00 mm and 100 mm and
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(ii) Other		47.46		
		•	174,179.	1,328.				
	b	Less: cost or other basis and sales expenses .						1000
	_	,	174,304.	984.	* 1			
	C	Gain or (loss)	-125.	344.				
	d	Net gain or (loss) .		<u> &gt; </u>	219.	0.	0.	219.
9	8a	Gross income from fu	ındroinin a		#			
eut	- Oa	events (not including \$	indraising			300		
ev		of contributions reporte	699,365.				Section 198	353 (18)
ř.			· 1	105 005		7.0		
Other Revenue	b	Less: direct expenses		197,905.				
0		Net income or (loss) fi		411,405. events . ▶	012 500	Color account		
		Gross income from ga		events .	-213,500.	7. 14. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	0.	-213,500.
	-		····a					
i	b	Less: direct expenses	~ <sub> </sub>					
	c	Net income or (loss) fr		vities ▶			Accessor, it still	
	_	Gross sales of in		VILIOO , . P				46.5
		returns and allowance					\$16.0 BB	
	b	Less: cost of goods so	<b>~</b>					
	c	Net income or (loss) fr		entory ▶	AS POLICE TATAL PARTY SERVICES			
Ì		Miscellaneous Re		Business Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Table 1
İ	11a	Reimbursed expenses,	/other income	541100	14,745.	14,745.	0.	0.
}	b				,,,	,,,13.	0.	
	C							
	ď	All other revenue .						
	e	Total. Add lines 11a-1	11d .		14,745.			
ļ	12	Total revenue. See in		🏲	6,982,105.	947,824.	0.	-213,238.
				REV 03/08		,	<u> </u>	Form <b>990</b> (2017)
								·

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Chook if Schoolule O contains a way			ns must complete co	Diamir (A).
5	Check if Schedule O contains a respo			<u> </u>	
8b, 9	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	244,579.	244,579.		
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				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	219,630.	190,146.	10,858.	18,626.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		2,00	20,030.	10,020.
7	Other salaries and wages	3,067,514.	2,655,721.	151,652.	260,141.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,776.	65,604.	3,746.	6,426.
9	Other employee benefits	551,183.	477,191.	27,249.	46,743.
10	Payroll taxes	229,455.	198,652.	11,344.	19,459.
11	Fees for services (non-employees):			/	10,400.
а	Management	47,158.	37,281.	8,435.	1 440
b	Legal	102,247.			1,442.
c	Accounting	102,247.	102,247.	0.	0.
_					
d	Lobbying		rato della salarezza. A Militaria e esperazione	S horbook historia ka historia Maraka ka attoria ka katalan na nation ak	
е	Professional fundraising services. See Part IV, line 17			5.25	
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.)	259,488.	205,140.	46,413.	7,935.
12	Advertising and promotion				
13	Office expenses	321,465.	272,739.	27,396.	21,330.
14	Information technology	44,615.	0.	44,615.	0.
15	Royalties			11/013.	
16	Occupancy	470,329.	407,191.	33 353	20.006
17	Travel			23,252.	39,886.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	231,153.	200,123.	11,427.	19,603.
19	Conferences, conventions, and meetings .	22,198.	0.	0.	22,198.
20	Interest	5,754.	0.	5,754.	0.
21	Payments to affiliates			3113=-	<u> </u>
22	Depreciation, depletion, and amortization	134,782.	116,689.	6,663.	11 420
23	Insurance				11,430.
		65,503.	62,908.	956.	1,639.
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e, If				and the Allegan
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		10 July 12 10 10 10 10 10 10 10 10 10 10 10 10 10		
а	Dues, fees, seminars	26,575.	23,007.	1,314.	2,254.
b	Printing and reproduction	19,924.	17,249.	985.	1,690.
C	Public relations	124,252.	124,252.	0.	0.
d	Donations	5,288.	5,288.	0.	0.
е	All other expenses	106,441.	106,441.	0.1	0.
25	Total functional expenses. Add lines 1 through 24e	6,375,309.	5,512,448.	382,059.	480,802.
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)	0,0.0,000.	5,546,440.	302,033.	±00,002.
		REV 03/08/19 PRO			Form <b>990</b> (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1,340,328 1,273,967 2 Savings and temporary cash investments . . . . . 2 3 Pledges and grants receivable, net . . . . . . . . 1,037,892 3 1,003,629 4 4 550,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 70,000. 7 35,000. R R Prepaid expenses and deferred charges . g 246,390 86,618. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 548,886 10b Less: accumulated depreciation . . . . 331,028. 229,555. Investments—publicly traded securities . . . . . 11 11 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11. 13 14 14 15 39,182. 15 66,397 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,998,459. 16 ,311,527 Accounts payable and accrued expenses . . . . . . 17 298,038. 17 112,269 18 18 19 337,819. 19 261,783. Tax-exempt bond liabilities . . . . . . . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . 23 61,831. 23 20,610. Unsecured notes and loans payable to unrelated third parties . . . 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,405. 25 11,703. 26 Total liabilities. Add lines 17 through 25 700,093. 26 406,365 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,222,698. 27 1,751,533. Temporarily restricted net assets . . . . 1,075,668. 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 2,298,366. 33 2,905,162. Total liabilities and net assets/fund balances . . . . . . 34

2,998,459.

Par	t 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		82,1	105.
2		2	6,3	75,3	309.
3		3		06,7	
4		4	2,2	98,3	66.
5		5			
6		6			
7		7			
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
,		10	2,9	05,1	62.
Part	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Paris manage	Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				軍事
	If the organization changed its method of accounting from a prior year or checked "Other," explained	ain in			
_	Schedule O.				90
2a	The state of the s		2a	Statements of the	×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		740		
b	Were the organization's financial statements audited by an independent accountant?		2b	2012004270000	Admin School
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a			4.2
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		3420		
C	of the audit, review, or compilation of its financial statements and selection of an independent accounts				
	If the organization changed either its oversight process or selection process during the tax year, explain		2c	X	10個級施施(
	Schedule O.	ain in	S. S. S.		0.00
20	As a result of a federal award, was the organization required to undergo an audit or audits as set for	utha ina		202	
Jä	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 undergo	o the	- 54		
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		

The Becket Fund 521858532

### 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 4a (continued)

**Continuation Statement** 

Description								
Stanford	Law	School	offically	launched	the	Religious	Liberty	Clinic
on Januar	y 14	1, 2013	•					

#### **SCHEDULE A** (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047 2017 Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number The Becket Fund 52-1858532 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions), You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No Yes (A) (B) (C) (D)

(E) **Total** 

Part	II Support Schedule for Organiz	ations Descr	ibad in Cast	inno 470/h\/i	N/ANGA and	170/63/43/43/	.53
.I. GI		auons pesci	nbed in Seci	nyajuvi snoi	i)(A)(iv) and	17U(B)(1)(A)(V	/I)
	(Complete only if you checked t Part III. If the organization falls t	ne box on mi	e 5, 7, 01 6 01 or the tests li	ranii Oi II iii	le organizacio	n lailed to qu	lality under
Sect	ion A. Public Support	o quality unu	ei ille iesis il	sted below, p	nease comple	e Part III.)	
	ndar year (or fiscal year beginning in)	(0) 0010	(h) 0014	(-) 004E	(-1) 0040	T (-) 0047	
1		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not			i			
	include any "unusual grants.")	4 520 500	- 001 400	. 101			
2	Tax revenues levied for the	4,539,502.	3,001,480.	6,194,659.	6,407,823.	6,247,519.	28,450,983.
_	organization's benefit and either paid				Î		
	to or expended on its behalf			l			
3	The value of services or facilities					·	
·	furnished by a governmental unit to the						
	organization without charge						
4		4.539.502	5.061.480	6.194.659	6 407 823	6 247 519	28,450,983.
5		2.36.25.51	3,001,400.	37.34,035.	0,401,023.	0,247,319.	26,450,965.
3	The portion of total contributions by each person (other than a		100			400	
	governmental unit or publicly						
	supported organization) included on			100			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		0.00			400	10,598,959.
6	Public support. Subtract line 5 from line 4			The second second			17,852,024.
Secti	on B. Total Support		The state of the s	Name of State of Association of Control of Control	14 (Section of a depote series 24 and 44 days at	Constant and State Constant and State Constant Stat	
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,539,502.	5,061,480.		6,407,823.	6,247,519.	28,450,983.
8	Gross income from interest, dividends,			-			1
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	152.	1,185.	246.	6.	43.	1,632.
9	Net income from unrelated business	İ					
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or				ĺ		
	loss from the sale of capital assets						
	(Explain in Part VI.)	~544.	1,808.	948.	18.	14,745.	16,975.
11	Total support. Add lines 7 through 10						28,469,590.
12	Gross receipts from related activities, etc					12 4	4,748,927.
13	First five years. If the Form 990 is for the	ne organization					
Cooti	organization, check this box and stop he on C. Computation of Public Suppor						· · <b>&gt;</b> []
3ecu 14				4 - 1 - 203			
15	Public support percentage for 2017 (line 6					14	62.71%
16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi	ization did not	obook the box		   d line 14 is 90	15	64.54 %
IVu	box and <b>stop here.</b> The organization qua	lifies as a nubli	ick supported	organization	IU IIII 14 15 33	,7370 OF INOTE,	CHECK THIS
b	33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organi						
~	this box and <b>stop here.</b> The organization	qualifies as a r	oncok a box o oublick suppo	rted organizati	a, and mie 15	18 33 73 76 OF TH	iore, crieck
17a	10%-facts-and-circumstances test—20						M M
174	10% or more, and if the organization me	orr. II uie orga eate tha "facte.	and-circumete	ot check a po)	CON IINE 13, II	oa, or 166, and	0 line 14 is Evoloin in
	Part VI how the organization meets the "	facts-and-circ	ımstances" te	st. The organi	zation qualifies	: as a nublicly	supported
	organization					ao a pabiloly	<b>&gt;</b> [
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organiza	ition meets the	e "facts-and-c	or oneon a bo. ircumstancee"	test check t	bis hox and a	a, and line stop here
	Explain in Part VI how the organization n	neets the "fact	s-and-circums	stances" test	The organization	on qualifies as	a publick
	supported organization						► □
18	Private foundation. If the organization did						
	instructions						

### 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	e organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, ple	

Secti	ion A. Public Support						<del></del> -
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			İ			
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			j			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					<u> </u>	
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					<u> </u>	
	furnished by a governmental unit to the						
_	organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5						
<i>i</i> a	received from disqualified persons .						
1_	· •						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000				ł		
	or 1% of the amount on line 13 for the year					1	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		13.00 At 10 Mg 15			3*	
	line 6.)						
Secti	on B. Total Support		Address and a second distance	200 dec 192 40 20 10 25 10 20	THE RESERVE OF THE PROPERTY OF		
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
C	Add lines 10a and 10b				*****		
11	Net income from unrelated business	ŀ					
	activities not included in line 10b, whether or not the business is regularly carried on						
40	- <i>'</i>						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		ĺ				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	}					
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third. fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop her						
Section	on C. Computation of Public Suppor	t Percentage	<b>9</b>				
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sch	iedule A, Part I	II, line 15 .		<u> </u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (I					17	%
18	Investment income percentage from 2016	Schedule A, F	art III, line 17			18	%
19a	331/3% support tests—2017. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	
1.	17 is not more than 331/8%, check this box a						
b	331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this b	ation aid not ch	ieck a box on l	ine 14 or line 1	ya, and line 16	is more than 3	
20							
20	Private foundation. If the organization did	a not check a t	oox on line 14,	19a, or 19b, c	neck this box	<u>and s</u> ee instruc	tions 🕨 📙

#### 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

Are all of the organization's supported organizations listed by name in the organization's governing
documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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to			
	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7.76	(株) (大)	例例
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	151		
b	A family member of a person described in (a) above?	11a	<del> </del>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
Secti	on B. Type I Supporting Organizations	1110	L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	414		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		11.2	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	144	Eas at 1
2	Did the organization operate for the benefit of any supported organization other than the supported		V. 14	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	t d		
Secti	on C. Type II Supporting Organizations	2		
	- Jpon outpooling or gammadon		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ii.
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
<u> </u>	on b. All Type in 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		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		14	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	in terroritieses	datis Name a
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	7		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	199.00	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		V SWAN	(2) (2)
	significant voice in the organization's investment policies and in directing the use of the organization's	100		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
الله ما	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	☐ 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.	laaa ina	du mdi	anal
		_		onsj.
2	Activities Test. Answer (a) and (b) below.	GE6140367A; 4	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			Ž.
	the supported organizations and explain how these activities directly furthered their exempt purposes,	3.00		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ė sastusei.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<b>1</b>
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b	over her off to	\$200.00M
	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? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	an again tha 19	T MARKETON

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1	g tru niza	ıst on Nov. 20, 1970 (expla tions must complete Section	nin in Part VI). <b>See</b> ons A through E.
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)
1 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 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 Part VI):	图》		er version and
2 Acquisition indebtedness applicable to non-exempt-use assets	2	, <u>, , , , , , , , , , , , , , , , , , </u>	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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		29
4 Enter greater of line 2 or line 3.	4	a the state of the state of the	
5 Income tax Imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y ini	egrated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	r age 1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt pur	poses of supported org	anizations	
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.		<u> </u>	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6	An annual part of the same of	1 To 1 To 1 To 1 To 1 To 1 To 1 To 1 To	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017	ASSESSMENT OF THE PARTY		
а				
b	From 2013		100000000000000000000000000000000000000	
C	From 2014	MARKET TO THE STATE OF THE STATE OF		
d	From 2015	WATER TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TO		
е	From 2016 ,	Section 1		46
f	Total of lines 3a through e		74.7	
g	Applied to underdistributions of prior years			ent of the second
h	Applied to 2017 distributable amount	and the second		200.00 Bit 1, 10 Bit 2, 18 Bit 20/1000 State General College C
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years		and the second s	
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.		4	
5	Remaining underdistributions for years prior to 2017, if	and the second		
	any. Subtract lines 3g and 4a from line 2. For result	sanze a baccar		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	and the second s		
-8	Breakdown of line 7:			
a	Excess from 2013			
<u>a</u> b	Excess from 2014			
	Excess from 2015	paraesta, es au la Fara-		
d	Excess from 2016			
	C f 0047	And the second s		
е	Excess from 2017			A ST. Said Server and Section 1995 in

Schedule A (Form 990 or 990-EZ) 2017

Part VI	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 L	n 10: Other Income Part II, Line 10 Description: Other income 2013: -544.
2014: 1	808. 2015: 948. 2016: 18. 2017: 14745.
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#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

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

Inspection

OMB No. 1545-0047

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

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

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

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

• 56	ection 501(c)(3) organizations	s that have NOT filed Form 5768 (electi	on under section 50:	1(h)): Complete Part II-B. Do	not complete Part II-A.
If the	organization answered "Ye see separate instructions),	s," on Form 990, Part IV, line 5 (Prox	ry Tax) (see separat	te instructions) or Form 990	O-EZ, Part V, line 35c (Prox
• Se	ection 501(c)(4), (5), or (6) org	anizations: Complete Part III,			
Name	of organization			Employer ide	ntification number
	Becket Fund			52-1858	532
Part	I-A Complete if th	ne organization is exempt und	der section 501	(c) or is a section 527	organization.
1	Provide a description of definition of "political ca	of the organization's direct and in	ndirect political ca	ampaign activities in Par	t IV. (see instructions for
2	Political campaign activi	ty expenditures (see instructions)			B
3	Volunteer hours for polit	ical campaign activities (see instru	ctions)		
Part	I-B Complete if th	e organization is exempt und	ler section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	on 4955 ▶ S	
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	r section 4955 🕨 🧐	<b></b>
3	If the organization incurr	ed a section 4955 tax, did it file Fo	orm 4720 for this y	ear?	Yes No
4a		'			Yes No
b	If "Yes," describe in Part				
Part	-C Complete if th	e organization is exempt und	ler section 501(	c), except section 501	(c)(3).
1	Enter the amount direct activities	tly expended by the filing organi.	zation for section	527 exempt function	
2	Enter the amount of the 527 exempt function act	filing organization's funds contril	outed to other org	ganizations for section	
3	Total exempt function of	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this year	?		. Yes No
5	organization made paym the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate of	ization's funds. Also enter
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If 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)					
(5)					
(6)					
				l	

	dule C (Form 990 or 990-EZ) 2017					Page 2
Par	t II-A Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check  if the filing organization bel address, EIN, expenses, ar	ongs to an affilia	ted group (and list	in Part IV each afi	iliated group memi	ber's name,
В	Check ▶ ☐ if the filing organization che					
		bbying Expendi		A STOIGHT UPPLY:	(a) Filing	(b) Affiliated
	(The term "expenditures"			.)	organization's totals	group totals
1a					······	· · · · · · · · · · · · · · · · · · ·
b		ce a legislative b	ody (direct lobbyin	ia)		
c	<b>—</b>	1a and 1b) .		= '		
d	<u> </u>					· · · · · · · · · · · · · · · · · · ·
е	<b></b>	dd lines 1c and	1d)			
f		r the amount t	from the following	g table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amour	nt is:		
	Not over \$500,000	20% of the a	mount on line 1e.			ak ding a randi
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000.	9 7 7 9 6 6	distribution in
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		41
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o			
	Over \$17,000,000	\$1,000,000.			1 0 0 0 TW	and the Management
g	Grassroots nontaxable amount (enter:	25% of line 1f)				And the second of the second o
h	9					
i	Subtract line 1f from line 1c. If zero or					
j	If there is an amount other than zer reporting section 4911 tax for this year		1h or line 1i, did			Yes No
	(Some organizations that made a s	Year Averaging ection 501(h) el	Period Under sec	ction 501(h) e to complete all		<del></del>
	Lobbyir	ng Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
C	Total lobbying expenditures					

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))
 f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017			Page
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(4	a)	(b)
description of the lobbying activity.	Yes	No	Amount
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: a Volunteers?		×	
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1l)?</li><li>c Media advertisements?</li></ul>		×	And a second
<ul> <li>d Mailings to members, legislators, or the public?</li></ul>		× ×	
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>	×	×	11,058.
<ul> <li>j Total. Add lines 1c through 1i</li> <li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul>		×	11,058.
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or sec	ction
Were substantially all (90% or more) dues received nondeductible by members?	prior y	year? or sec	Yes No 1 2 3 3 stion III-A, line 3, is
1 Dues, assessments and similar amounts from members	٠. [	1	
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li></ul>	of	2a 2b 2c	
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .</li> <li>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</li> </ul>	the	3	
and political expenditure next year?		<u>4</u> 5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou 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 a			
institution. As the only law firm focused on religious liberty that defe			
religious beliefs, Beckets expertise is unique. Becket has communicated			
officials regarding the Religious Freedom Restoration Act and how it fur			
n federal courts, the eligibility of Houses of Worship to apply for fed			
aid, and religious hiring exemptions and protections under federal law			oyers

Schedule C (Form	n 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
and emplo	vees.	
	X	
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WW		
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AA77		
3 E G E EU A U U U U U U U U U U U U U U U U		

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

The	Becket Fund		52-1858532
Par	· · · · · · · · · · · · · · · · · · ·	lvised Funds or Other Similar Fu	
	Complete if the organization answered		
	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(a) and other decounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	or advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to	the organization's exclusive legal contr	ol?
6	Did the organization inform all grantees, donors,		· · · · · · · · · · · · · · · · · ·
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?		· · · · · · · □ Yes □ No
Par	Conservation Easements.		
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization I	neld a qualified conservation contribution	on in the form of a conservation
	easement on the 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 easemer	nts	
C	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		_
4	Number of states where property subject to cons		
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of vìolations, and enforcing	conservation easements during the year
_			·
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line	e 2(d) above satisty the requirements of	
_			□ .00 □ .00
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text		nancial statements that describes the
Part	organization's accounting for conservation easem		011 - 01 11 4
ralt			
	Complete if the organization answered f the organization elected, as permitted under Si		
ıa	works of art, historical treasures, or other simila	r assets held for public cybibition, oc	revenue statement and balance sneet
	public service, provide, in Part XIII, the text of the	footnote to its financial statements the	t describes these items
b	f the organization elected, as permitted under s		
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	revenue statement and balance sneet
	public service, provide the following amounts rela-	tina to these items:	doadon, or research in futurerance of
	i) Revenue included on Form 990 Part VIII line 1		<b>b</b> •
	i) Revenue included on Form 990, Part VIII, line 1 ii) Assets included in Form 990, Part X		Ψ
2	f the organization received or held works of art	historical treasures or other similar	assets for financial coin provide the
_	ollowing amounts required to be reported under s	SFAS 116 (ASC 958) relating to these it	ems:
а	Revenue included on Form 990 Part VIII line 1	The state of the s	<b>b</b> •
h	Revenue included on Form 990, Part VIII, line 1 .		· · · · · · · · · · · · · · · · · · ·

Schedu	le D (Form 990) 2017									Page 2
Par	Organizations Maintaining	Collections of	Art His	torical 1	Ггазенгас	e or O	ther Similar	Aeec	te (cont	
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and c	ther reco	rds, chec	k any of th	he follo	wing that are a	sign	nificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	ırams			
b	☐ Scholarly research			Other						
С	Preservation for future generations				**********					
4	Provide a description of the organizati XIII.		and expl	ain how t	hey further	the or	ganization's ex	emp	t purpose	in Parl
5	During the year, did the organization sassets to be sold to raise funds rather								☐ Yes	☐ No
Part	IV Escrow and Custodial Arra	-	•							
	Complete if the organization 990, Part X, line 21.						•		unt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comp	lete the fo	ollowing to	able:					
								Amo	ount	
C	Beginning balance					10	>			
d	Additions during the year					10	1			
e	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amount	t on Form 990, F	Part X, line	21, for e	scrow or c	ustodia	ıl account liabil	ity?	Yes Yes	☐ No
	If "Yes," explain the arrangement in Pa	rt XIII. Check he	re if the e	xplanatio	n has been	provid	ed on Part XIII			
Par										
	Complete if the organization									
		(a) Current year	(b) Pr	or year	(c) Two yea	ırs back	(d) Three years b	ack	(e) Four yea	ars back
1a	Beginning of year balance		ļ							
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance								·	
2	Provide the estimated percentage of th	e current year e	nd baland	e (line 1g	, column (a	a)) held	as:			
а	Board designated or quasi-endowment	t <b>&gt;</b>	<b>%</b>							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.							
3a	Are there endowment funds not in the organization by:	possession of the	he organi	zation tha	at are held	and ad	ministered for	the	Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	anizations listed	d as requi	red on So	hedule R?				3b	1
4	Describe in Part XIII the intended uses									
Part	Land, Buildings, and Equipm Complete if the organization a		" on For	m 000 E	Part IV line		Soo Form 00	n p,	art V line	. 10
	Description of property				r other basis					
		(a) Cost or o (investm			ther)	d	Accumulated epreciation		(d) Book va	uu <del>o</del>
1a	Land									
b	Buildings									
C	Leasehold improvements				81,334.	<u> </u>	39,717.		41	,617.

118,899.

348,653.

33,760.

154,178.

229,555.

85,139.

194,475.

d Equipment . .

Other . . . . .

Part VII	Investments—Other Securitie			ddl- O E	000 5 12 1
	Complete if the organization an  (a) Description of security or category				
	(including name of security)	nry	(b) Book value		od of valuation; of-year market value
(1) Financial					
	neld equity interests				
(3) Other				· · · · · · · · · · · · · · · · ·	
(~)					
(B) (C)			<u> </u>		
(D)					
(E)		***************************************			
(F)					
(G)					
(H)			ļ <u>.</u>		
	o) must equal Form 990, Part X, col. (B) line 12.) 🕨	=======================================			
Part VIII	Investments—Program Relate	d		Market St. St. St. St. St. St. St. St. St. St	
	Complete if the organization ans		rm 990 Part IV lir	ne 11c. See Form (	300 Part V line 13
	(a) Description of investment	5W0100 100 01110	(b) Book value		od of valuation:
	., ., ., ., ., ., ., ., ., ., ., ., ., .		(b) Book value		f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					1.12
(6)					
(7)					
(8)					
. <u>(9)</u>					
	) must equal Form 990, Part X, col. (B) line 13.)			Paratra	Control of the Control of the
Part IX	Other Assets.		. 000 D 184 B	44.0	
	Complete if the organization ans	a) Description	m 990, Part IV, IIr	e 11d. See Form 9	
(4)		a) Description			(b) Book value
<u>(1)</u> (2)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(3)			NAME OF TAXABLE PARTY.		
(4)					
(5)		. , , , , , , , , , , , , , , , , , , ,			
(6)					
(7)		V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See I	orm 990, Part X,
	line 25.				,
1.	(a) Description of liability	(b) Book value			
(1) Federal inc					
(2)Lease	payable	11,7	<u>03.</u>		
(3)	77				
(4)				A CARLON	A STATE OF THE STA
(5)					
(6)					
(7)					
(8)					
(9)	must a mal Form COO Deat W - 1 2017 or 1				
	must equal Form 990, Part X, col. (B) line 25.)	11,7	03.		
organization's	uncertain tax positions. In Part XIII, provi liability for uncertain tax positions under	UE THE TEXT OF THE TOOTH	ote to the organization	n's financial statement	s that reports the
or gameation a	ndonity for uncertain tax positions under	1 114 40 (A3C /40). C/16	CK HEIE II THE TEXT OF T	ne roomore uas been l	provided in Part XIII

	le D (Form 990) 2017		Page
Par		Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,195,605
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) , , , , , , , , , , , , , , , 2d		
0	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,195,605
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	7997/2	./
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b			
С	Add lines 4a and 4b	4c	-213,500.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,982,105
Part			n 0,962,105.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	····	• 1 •
1	Total expenses and losses per audited financial statements	1	C E00 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		6,588,809.
a	Donated services and use of facilities		
b	Prior year adjustments		
C			
_			
d			
Θ	Add lines 2a through 2d	2e	213,500.
3	Subtract line 2e from line 1	3	6,375,309.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	46.6	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b			
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,375,309.
Part			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormatio	n.
	7899945888888888888888888888888888888888		
Pt X	I, Line 4b: Special event expenses		
		~~~ <b>~~~</b>	
Pt X	II, Line 2d: Special event expenses		
		*	
	WARDEN		W
		·	
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Schedule D (Fo	m 990) 2017	Page \$
Part XIII	Supplemental Information (continued)	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest Instructions.

	of the organization					Employer identifi	cation number	
	Becket Fund	· ····				52-1858532		
Par		. Complete if tl	ne organiz	ation ansv	vered "Yes" on l	Form 990, Part IV,	line 17.	
	Form 990-EZ filers are							
1	Indicate whether the organization	on raised funds			-	, , ,		
a	Mail solicitations		e		ion of non-govern	_		
b	Internet and email solicitation	ons	f L	_	ion of governmen	-		
	c Phone solicitations g Special fundraising events							
d	☐ In-person solicitations	How as asal asses		man of the older de-	to a figure to a least to a great and a great and a great and a great and a great and a great and a great and a			
<b>2</b> a	Did the organization have a writ or key employees listed in Form	iteri of oral agre	ement with r optity in o	any individ	ual (including offi	cers, directors, trust	. – –	
b	If "Yes," list the 10 highest paid	l individuals or e	antition (fun	onnection <i>i</i>	with professional	unoraising services	′ ∐ Yes ☐ No	
	compensated at least \$5,000 by	the organization	ม อาเนนติอั (เตบ	uraisers) pu	ursuant to agreen	ients under which tr	ie Tundraiser is to be	
		, are organizate	· · · ·					
		1	· I		1	(v) Amount paid to		
	(i) Name and address of individual or entity (fundralser)	(ii) Activity	custody of	draiser have or control of outlons?	(Iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount pald to (or retained by) organization	
			Yes	No				
1				1	†			
2								
3								
			<u> </u>					
4								
5								
J			]	Ì				
6			, <u>,</u>					
Ū								
7								
8			<u> </u>					
9					ĺ			
10							İ	
		L	<u> </u>					
Fotal								
Fotal 3	List all states in which the organ	nization le regie	tored or line	oppod to or	lioit contribution	or has been petific		
•	registration or licensing.	mzation to rogio	torou or no	511360 IQ 31	Ollon Contributions	or has been notine	ed it is exempt from	
	_							
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	W							
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Sch	edule G	G (Form 990 or 990-EZ) 2017				Page 2
$\mathbf{R}$	art II		nplete if the organizat	on answered "Yes" or	r Form 990, Part IV, lir	ne 18, or reported more
		than \$15,000 of fundraising	ng event contributions	and gross income on	Form 990-EZ, lines 1	and 6b. List events with
	1	gross receipts greater tha				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dinner			(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	١.,	0				
ě	ן י	Gross receipts	897,270.			897,270.
ď	١_					
	2	Less: Contributions	699,365.			699,365.
	3	Gross income (line 1 minus				*
	ļ	line 2)	197,905.			197,905.
	4	Cash prizes				
	5	Noncash prizes				
Ø	ļ					
Sc	6	Rent/facility costs	158,924.			158,924.
Direct Expenses						
Ж	7	Food and beverages	40,907.			40,907.
ਨੂ						
ä	8	Entertainment				
				*****		
	9	Other direct expenses .	211,574.			211,574.
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		411,405.
	11	Net income summary. Subtra	ct line 10 from line 3, c	olumn (d) , , ,	<u></u> ▶	-213,500.
Pa	rt III		organization answe	ed "Yes" on Form 99	00, Part IV, line 19, or	reported more
	r .	than \$15,000 on Form 99	30-E∠, line 6a.			
Revenue	ļ			ALL PROPERTY OF THE PARTY OF		
le le			(a) Bingo	(b) Puil tabs/instant	(c) Other gaming	(d) Total gaming (add
Be l	1	-	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_ [	١.		(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
ses	2	Gross revenue	(a) Bingo		(c) Other gaming	
enses	2	Cash prizes	(a) Bingo		(c) Other gaming	
xbeuses			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .		bingo/progressive bingo	☐ Yes %	
	2 3 4	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	☐ Yes% ☐ No	bingo/progressive bingo  Yes%  No	☐ Yes %	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	☐ Yes% ☐ No	bingo/progressive bingo  Yes%  No	☐ Yes %	
	2 3 4 5 6 7	Cash prizes	☐ Yes % ☐ No	bingo/progressive bingo  Yes%  No	□ Yes% □ No	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	☐ Yes % ☐ No	bingo/progressive bingo  Yes%  No	□ Yes% □ No	
Direct E	2 3 4 5 6 7 8	Cash prizes	☐ Yes %☐ No d lines 2 through 5 in co	Dingo/progressive bingo  ☐ Yes % ☐ No  Diumn (d)	□ Yes% □ No	
6 Direct E	2 3 4 5 6 7 8	Cash prizes	☐ Yes % ☐ No d lines 2 through 5 in co. Subtract line 7 from lines ganization conducts gan	bingo/progressive bingo  Yes % No  No  Diumn (d)	☐ Yes	col. (a) through col. (c))
6 Direct E	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in co. Subtract line 7 from lines and a conducts gain and a ctivities	Dingo/progressive bingo  Yes %  No  Diumn (d)	☐ Yes % ☐ No	
6 Direct E	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in co. Subtract line 7 from lines and a conducts gain and a ctivities	bingo/progressive bingo  Yes % No  No  Diumn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct E	2 3 4 5 6 7 8 En	Cash prizes	Yes % No d lines 2 through 5 in co. Subtract line 7 from lines and a conducts gain and a ctivities	Dingo/progressive bingo  Yes %  No  Diumn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
6 Direct E	2 3 4 5 6 7 8 En	Cash prizes	☐ Yes %☐ No ☐ Ines 2 through 5 in co Subtract line 7 from lines and a conducts gain and a conduct gaming activities	Dlumn (d)	☐ Yes %	col. (a) through col. (c))

Sched	lule G (Form 990 or 990-EZ) 2017	3
11 12	Does the organization conduct gaming activities with nonmembers?	No
13	Indicate the percentage of gaming activity conducted in:	10
a b	5	%
14	An outside facility	%
	Name ►	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
b	revenue?	10
c	amount of gaming revenue retained by the third party > \$  If "Yes," enter name and address of the third party:	
	Name ►	
	Address►	
16	Gaming manager information:	
	Name▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	la
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
		·
BAA	REV 03/08/19 PRO Schedule G (Form 990 or 990-EZ) 201	  17

BAA

SCHEDULE 1 (Form 990)

Part

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

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

OMB No. 1545-0047	2017	1

Open to Public Inspection

Employer identification number 52-1858532 ► Attach to Form 990.

• Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance The Becket Fund Department of the Treasury Internal Revenue Service Name of the organization

the se	the selection criteria used to award the grants or assistance?	award the grants	<u> </u>	unt of the grants of	assistance, the g	rantees' eligibility fo	ine amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ince?	
2 Descr	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ization's procedu	res for monitoring	the use of grant fur	nds in the United (	States	the use of grant funds in the United States	X Yes INO
Part II	Grants and Other A.	ssistance to Do	mestic Organiz	ations and Dom	nestic Governm	ents. Complete it	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form	ared "Yes" on Form
	990, Part IV, line 21,	for any recipient	that received m	ore than \$5,000.	Part II can be du	plicated if additive	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name a	1 (a) Name and address of organization	(P) EIN	(c) IBC section	for Amount of oach	fol Amount of san	ff Method of valuation		
	or government	ì	(if applicable)	(if applicable) grant cash assistance (book, PM, appraisal,	cash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) To Pac (1)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					Onter		
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									Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
		(9)	(2)						Enter total number of sec
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	(c)					(	ÌI		
15	띡	9		<u>(8)</u>	6	(10)	E	(12	N

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					5 5 5 5 5 5 5 5
3					5 5 6 9 9 9
4					
5					
9					
Part W Supplemental Information. Provide the Inform	the information r	equired in Part I, lin	e 2; Part III, column	nation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Pt I Line 2: The Stanford Law School	Religious	Liberty Clinic	is the newest a	addition to the sch	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,	offiering st	students the opportunity	ity to represent
clients in disputes arising form a w	wide range of	beliefs,	practices and customs.	ms. The Religious	Liberty Clinic
is housed within the Stanford's Mil	Mills Legal Cli	Clinic and is the	latest addition	n to the law school's	l's distinguished
program of clinical legal education.	n. The clinic	was made	possible, in part,	by a generous \$1.	6M gift from
the The Washington DC based Becket F	Fund for Reli	Religious Liberty.	The clinic's	founding director	is James A.
Sonne, an experienced teacher and pr	practitioner v	with particular	expertise in	law and religion. S	Stanford Law
School officially launched the Relig	Religious Liberty	Clinic on	January 14, 2013.		

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990,
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

The Becket Fund 52-1858532 Questions Regarding Compensation No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: × 4a Participate in. or receive payment from, a supplemental nonqualified retirement plan? . . . .  $\overline{\mathsf{x}}$ 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . . 4c × 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a × X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a × 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe R If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 

9

Page 2

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization or 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 (BNI)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section 4. line 19. applicable polition (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D) and (D)

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown or	f W-2 and/or 1099-MIS	SC compensation	C Bettrement and	and applicable coluin	ווו (בי) מווכ (בי) מווכמווו	s lor triat individual.
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
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& Executive Director	€	0.	0.	0	0.	-j	.0	0
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Schedule J (Form 990) 2017	BAA REV 03/08/19 PRO
, 7, and 8, and for Part II. Also complete this par	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par for any additional information.

# SCHEDULE L

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

BAA

Excess Benefit Transactions (section 501(c)/3), section 501(c)/4), and 501(c)/(29) organizations only.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (b) Perlaterons between designating depending the present of the organization of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the per	Name of the organization								Employ	yer ide	ntifical	tion nu	mber		
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (e) Name of dequalitied person  (b) Relationship between disqualitied person and organization of transaction  (c) Description of transaction  (d) Description of transaction  (e) Description of transaction  (e) Description of transaction  (f) Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves	The Becket Fund														
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Complete if the organization answered   Persons   Complete if the organization   Person   P	1 (a) Name of disqualified	person	(b) Relationship b			person and		(c) Dos	ecrintian	of tra	neactio	n		(d) Co	rrected
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(6) (6) (7) (8)  Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization    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 V, line 38a or Form 990, Part V, line 26; or if the organization reported an amount on Form 990, Part V, line 38a or Form 990, Part V, line 26; or if the organization with organization with organization or form 1900 or form 1900 or form 1900 or form 1900 or form 1900 organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiz															
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2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  **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 with organization (b) Purpose of Ioan from the organization?  To From (c) Cydinal mount (f) Balance due (g) In default? (h) Approved (g) Written the organization?  To From (e) Cydinal mount (f) Balance due (g) In default? (h) Approved (g) Written the organization?  To From (e) Cydinal mount (f) Balance due (g) In default? (h) Approved (g) Written the organization?  To From (e) Cydinal mount (f) Balance due (g) In default? (h) Approved (g) Written the organization?  To From (e) Purpose of assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of															
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	For Paperwork Reduction Ac	ct Notice, see th	e Instructions f	or For	m 990 or	990-EZ.		PURIOR CO.		Scheri	iule L /	Form !	990 or	990-F7	2017

REV 03/08/19 PRO

Katherine Geary	Daughter of CBO and Board Chair	55,021.	Salary and benefits	Yes	Νo
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### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Name of the organization

The Becket Fund

Part I Types of Property

Employer identification number

52-1858532

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q		(d) of determining ntribution amounts
1	Art—Works of art			Form 990, Part VIII, line 1g		
2	Art—Historical treasures		, , , , , , , , , , , , , , , , , , ,			
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property ,		, , , , , , , , , , , , , , , , , , ,			
9	Securities—Publicly traded	×	11	237,941.	FMV	
10	Securities—Closely held stock .					
11	Securities — Partnership, LLC, or trust interests				-	
12	Securities-Miscellaneous					
13	Qualified conservation				*****	
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other					
15	Real estate—Residential					
16	Real estate—Commercial . ,					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21 22	Taxidermy					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( )			0-1-0-1-0-1		
26	Au					
27	Other ► ()					
28	Other (					
29	Number of Forms 8283 received	by the ord	anization during the tax ve	ear for contributions for		
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	gement	29	
				- ,		Yes No
30a	During the year, did the organizati	on receive	by contribution any proper	tv reported in Part I. lines	1 through	30-87 35 35 31
	28, that it must hold for at least th	ree years f	rom the date of the initial c	ontribution, and which isn	't required	
	to be used for exempt purposes for	or the entire	holding period?			30a ×
b						N. A.S. 1833 194 194
31	Does the organization have a	gift accep	tance policy that requires	s the review of any no	nstandard	
	contributions?					31 ×
32a	Does the organization hire or use				ll noncash	
						32a ×
b	If "Yes," describe in Part II.					
33	If the organization didn't report an a	amount in d	olumn (c) for a type of prop	erty for which column (a) is	s checked,	
	describe in Part II.					

	Form 990) 2017 Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
<b>41 - 21 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization	Employer identification number
The Becket Fund	52-1858532
Pt VI, Line 11b: A copy of the 990 is emailed to the members of t	he governing
body.	
Pt VI, Line 12c: The conflict of interest policy is completed as	part of the
organization's annual audit.	
Pt VI, Line 15a: The organization reviews the compensation paid b	y similar organizations.
Pt VI, Line 15b: The organization reviews the compensation paid b	y similar organizations.
Pt VI, Line 19: No documents are available to the public at this	time.
Other: Page 9 Part VIII line 8 and Schedule G page 2	
NET ECONOMIC BENEFIT FROM CANTERBURY DINNER:	~~~~
Canterbury Dinner revenue \$897,270	
Canterbury Dinner expenses (411,405)	MADUA
NET ECONOMIC BENEFIT FROM CANTERBURY DINNER 485,865	
Less contributions included on page 1 line 8 (699,365)	
Net loss reported on schedule G page 2 line 11 (213,500)	
Other: Page 2 Part III Line 4 Becket is a non-profit, public-inte	erest law firm
with a mission to protect the free expression of all faiths. Becke	et exists to
vindicate a simple but frequently neglected principle: that because	se the religious
impulse is natural to human beings, religious expression is natura	al to human
culture. We advance that principle in three arenas-the courts of 1	law, the court

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Becket Fund	Employer identification number 52-1858532
of public opinion, and the academy-both in the United States and a	
Other: Page 2 Part III Line 4 At Becket we have defended the reli	gious rights
of people from "A to Z," from Anglicans to Zoroastrians. Our suppo	rters represent
a myriad of religions, but they all share our common vision of a w	orld where
religious freedom is respected as a fundamental human right that a	ll are entitled
to enjoy and exercise. Becket relies on its own legal team, and it	s lawyers are
renowned experts in litigating this particular aspect of constitut	ional law.
Other: Page 2 Part III Line 4 Ave Maria University v. Azar: We rep	'
Maria University in a lawsuit in Florida against the HHS contracept	tion insurance
mandate issued under the Affordable Care Act. We did not charge the	e client any
fees, but obtained a fee award from the opposing party in the amoun	nt of \$155,000.
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Other: Page 2 Part III Line 4 Baltimore Center for Pregnancy Conce	erns v. Baltimore:
We represented the Baltimore Center in challenging a city ordinance	e that regulates
the speech of crisis pregnancy centers. We did not charge the clier	nt any fees,
but obtained a fee award from the opposing party in the amount of	\$98,400.
Other: Page 2 Part III Line 4 Business Leaders in Christ v. Univer	rsity 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 or	on 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

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Becket Fund	Employer identification number
	52-1858532
mandate issued under the Affordable Care Act, which has been ch	allenged by the
State of California, among other states. We are not charging an	y fees and will
not have opportunity to seek fees from the opposing party.	
Other: Page 2 Part III Line 4 Chabad of Key West v. FEMA: We d	efended the right
of synagogues and other religious organizations to access disas	ter relief funding
that is available to all other non-profit organizations that ar	e victims of natural
disasters. We did not charge any fees or seek fees from the opp	osing party.
Other: Page 2 Part III Line 4 Colorado Christian University v.	Azar: 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 any
fees, and we did not obtain a fee award from the opposing party	during the reporting
period.	
Other: Page 2 Part III Line 4 Dumont v. Lyon: We represented St	t. Vincent Catholic
Charities' right to provide services to foster families and chil	ldren in a manner
consistent with the religious beliefs. We did not charge any fee	es or 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	University in
a lawsuit in Texas against the HHS contraception mandate issued	under the Affordable
Care Act. We did not charge any fees, and we did not obtain a fe	ee award from
the opposing party during the reporting period.	
Other: Page 2 Part III Line 4 Eternal Word Television Network v	v. Price: We

Schedule U (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Becket Fund	Employer identification number 52-1858532
represented a lay-run Catholic television and media organization :	
a suit against the HHS contraception mandate issued under the Affo	ordable Care
Act. We did not charge any fees, but obtained a fee award from the	e opposing party
in the amount of \$395,000.	
Other: Page 2 Part III Line 4 First Resort, Inc. v. Herrera: We 1	represented
First Resort, a pregnancy support services center, in challenging	a San Francisco
ordinance that restricted First Resort's free speech rights. We di	d not charge
any fees or seek a fee award from the opposing party.	
Other: Page 2 Part III Line 4 Franciscan Alliance v. Price: We re	present Franciscan
Alliance, Specialty Physicians of Illinois, and the Christian Medi	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 $w$	vill seek fees
and costs from the opposing party if the suit is successful.	
Other: Page 2 Part III Line 4 Fratello v. Roman Catholic Archdioc	
We represented the Archdiocese of New York against claims by a for	
of one of its parish schools, defending the school's right to hire	
who support its religious mission without government interference.	
charge any fees or seek fees from the opposing party.	
Other: Page 2 Part III Line 4 Freedom from Religion Foundation v.	
We are defending the decision of Lehigh County, Pennsylvania, not	
image of a cross that is included on the County seal and flag alon	
other images that have historical, economic, and cultural signific	
County. We are not charging any fees and will not have opportunity	to seek fees

Schedule O (Form 990 or 990-E2) (2017)	Page 2
Name of the organization  The Becket Fund	Employer identification number 52-1858532
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	y Board of
Shareholders to include religious organizations in a historic prese	rvation grant
program. We did not charge any fees or seek fees from the opposing	party.
Other: Page 2 Part III Line 4 Freedom from Religion Foundation v.	Trump: We
defended several pastors in a lawsuit by the Freedom from Religion	Foundation
seeking to force the IRS to penalize pastors who speak from the pul	oit concerning
political issues. 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 :	represent
Catholic Social Services' right to provide services to foster famil:	ies and children
in a manner consistent with its religious beliefs. We are not charge	ing any fees
but will seek fees and costs from the opposing party if the lawsuit	is successful.
	unub
Other: Page 2 Part III Line 4 Gagliardi v. City of Boca Raton, Flor	cida: We
represented an Orthodox Jewish ministry, Chabad of East Boca, agains	st an Establishment
Clause challenge to a municipality's zoning amendment that allowed t	the Chabad
to build a synagogue. We did not charge any fees or seek fees from t	the opposing
party.	
Other: Page 2 Part III Line 4 Gaylor v. Mnuchin: We represented a c	church in
Chicago defending a 65-year-old provision of the tax code that inclu	des religious
leaders in a category of employees who are entitled to a tax exempti	on for their
employer-provided housing allowance because they are required to liv	e near their

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Becket Fund	Employer Identification number 52-1858532
place of employment. We did not charge any fees or seek fees from	the opposing
party.	
Other: Page 2 Part III Line 4 Harvest Family Church v. FEMA: We d	defended the
right of churches and other religious organizations to access disa	aster relief
funding that is available to all other non-profit organizations th	nat are victims
of natural disasters. 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 repr	esent 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 abilit	y 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 I	nterVarsity
Christian Fellowship/USA and its student chapter at Wayne State Un	iversity, defending
the organization's right to equal treatment in terms of its abilit	y 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: W	e are defending
the City of Pensacola's decision not to remove from one of its par	ks 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 Lee v. Sixth Mount Zion Baptist Chur	rch: We represented

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Becket Fund	Employer identification number
The Becket Fund	52-1858532
Sixth Mount Zion against claims by its pastor and defending its rig	ht to hire
and fire its ministers without government interference. We did not	charge any
fees or seek fees from the opposing party.	
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
insurance mandate issued under the Affordable Care Act. We did not	charge any
fees and did not receive a fee award from the opposing party during	the reporting
period.	·
Other: Page 2 Part III Line 4 Myrick v. Warren: We represented a N	orth Carolina
magistrate judge, defending her right for a religious accommodation	from workplace
regulations that violated her religious beliefs. We did not charge	any fees,
WANLEY WAS A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	
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 ha	as been challenged
by the State of Pennsylvania, among other states. We are not chargin	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 represente	
Souls and others in a suit against the HHS contraception insurance t	mandate issued
under the Affordable Care Act. We did not charge any fees and did no	ot receive
a fee award from the opposing party during the reporting period.	
Other: Page 2 Part III Line 4 Singh v. Seamands: We represented two	o Sikhs admitted
to the United States Military Academy at West Point, defending their	r right under

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Becket Fund	Employer Identification number
	52-1858532
the Religious Freedom Restoration Act for a religious exemption fro	m certain
aspects of the Army's dress and grooming standards. We did not char	ge any fees
or seek fees from the opposing party.	
Other: Page 2 Part III Line 4 Slockish v. U.S. Federal Highway Adm	inistration:
We represent several members of the Klickitat and Cascade Tribes of	
Nation, located in Washington State, in a suit seeking damages after	
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 successfu	ul. Case still
being litigated.	
Other: Page 2 Part III Line 4 State ex rel. Moses v. Skandera: We i	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 University of Mary v. Azar: We repres	sent the
University of Mary; the Religious Sisters of Mercy: the Sacred Heart	Mercy Health
Care Center of Jackson, MN; the Sacred Heart Mercy Health Care Cente	er of Alma,
MI; and SMP Health System in a North Dakota law suit against the HHS	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 th	ne suit is
successful.	
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Other: Page 2 Part III Line 4 Wheaton College v. Azar: We represent	
College in a suit against the HHS contraception insurance mandate is	
the Affordable Care Act. We did not charge any fees, and we did not	
fee award from the opposing party during the reporting period.	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
The Becket Fund	52-1858532
Other: Page 2 Part III Line 4 Whole Women's Health v. Smith: We r	represented
the Texas Catholic Conference defending against a third-party subp	oena seeking
details about its internal deliberations. We did not charge any fe	es or obtain
a fee award from the opposing party.	
Other: Page 2 Part III Line 4 Yin v. Columbia International Unive	
represented the University against claims by one of its program di	rectors, defending
its right to hire to hire administrators who support its religious	mission without
government interference. We did not charge any fees or seek fees f	rom the opposing
party.	
Pt IX, Line 24e:	
Description: Subcontractor expense	
Total: \$106,441	
Program services: \$106,441	
Management and general: \$0	
Fundraising: \$0	
	100750
	, <b></b>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public

2017

OMB No. 1545-0047

Employer identification number

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(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 S × 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. Yes 52-1858532 (f)
Direct controlling entity (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) (c)
Legal domicile (state
or foreign country) (b) Primary activity REV 03/08/19 PRO Б (b) Primary activity Dormant For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA 1200 New Hampshire Ave. NW Washington DC 20036 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EiN of related organization (1) The Becket Reserve 52-2193473 The Becket Fund Partl Part II Œ 4 9 E <u>N</u> ල <u>©</u> <u>©</u> ন্ত ପ୍ର 9 ε

Schedule R (Form 990) 2017

(k) Percentage ownership (i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 Š 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. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (i) Code V~-UBI end-of-year assets **(g)** Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling | entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) REV 03/08/19 PRO (state or foreign country) (c) Legal domicile (d) Direct controlling (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV BA BA ව 4 Ñ 9 9 <u>S</u> න €  $\mathbf{E}$ € Ð 9 8

Schedule R (Form 990) 2017

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

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or the rollowing transactions with one of more related organizations listed in Parts II-JV? rent from a controlled entity						•	•			•										•												s line,	ا ا	action a—s)					j					
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Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)	ed.e. e.e.										,								ated		ared o	organi	, ,									tion o												REV 03
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Receipt of (1) interest: (11) annuities (111) royalties or (14)	200	4	Gilt, grant, or capital contribution to related organization(s)	Giff, grant, or capital contribution from related organization(s)	Loans or loan quarantees to or for related organization(s)	9	Loails of loan guarantees by related organization(s)		0000	Dividendo montrelated organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	3	exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related		1	Lease of facilities, equipment, or other assets from relat	Performance of services or membership or fundraising solicitations for related organization(s)	arform	of the state of th	Silaring of racilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)		4	relitiousettiett para to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)		ille at												
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# 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.

or gross revenue) mat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	janization. Se	e instructions r	egarding exclusion	on for certs	iin investment pa	urtnerships.			ı	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all narmers			(h)		0	35
,		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	rercentage ownership
			from tax under sections 512—514)	organizations?				(Form 1065)		
(4)				Yes No			Yes No		Yes No	
(2)										
(8)						;				
(4)										
(5)										
(9)										
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Schedule R (F	Form 990) 2017	Page <b>5</b>
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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# Additional Information For Tax Return

The Becket Fund		52-1858532							
Form 990 p 9: Line 8c Column	D								
See schedule O comment on ne	t benefit from auction								
Sch. G, page 2: Net income summary									
NET ECONOMIC BENEFIT F	ROM CANTERBURY DINNER:								
Canterbury Dinner revenue Canterbury Dinner expenses NET ECONOMIC BENEFIT FROM CANTERBURY	\$897,270 (411,405)								
DINNER	485,865								
Less contributions included on page 1 line 8 Net loss reported on schedule	(699,365)								
G page 2 line 11	\$(213,500)								